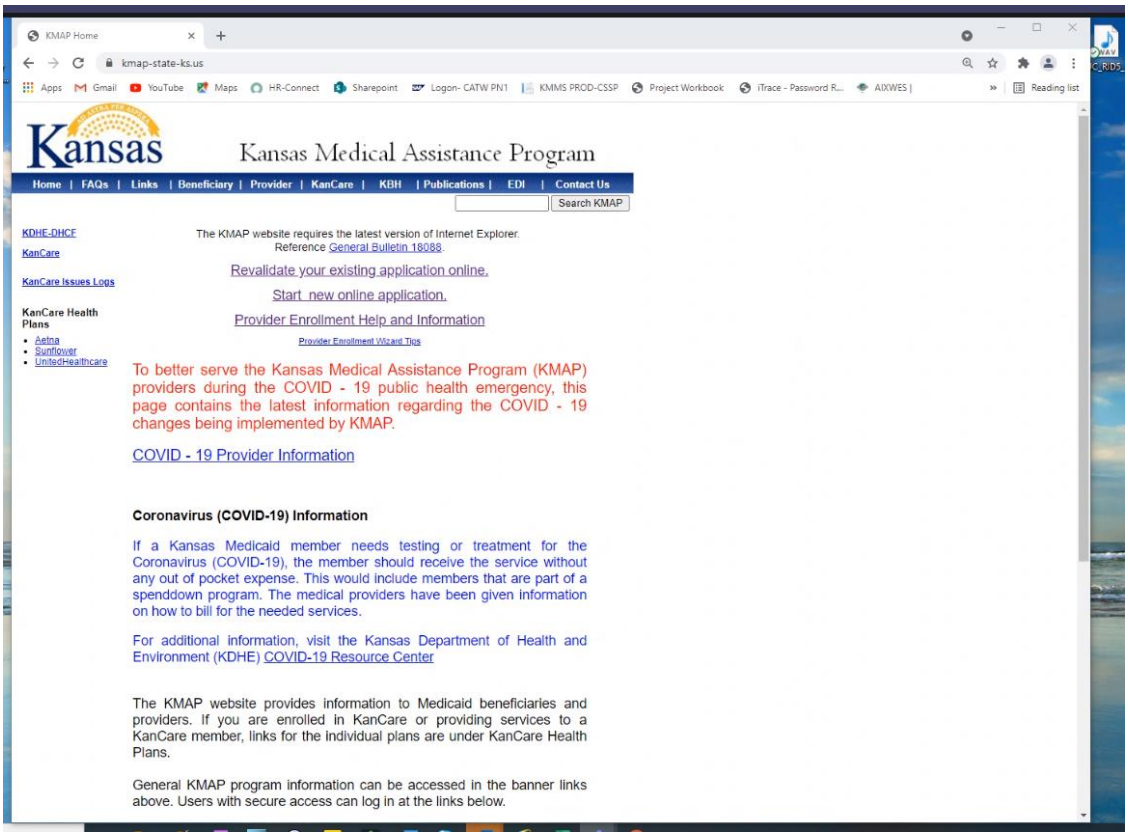
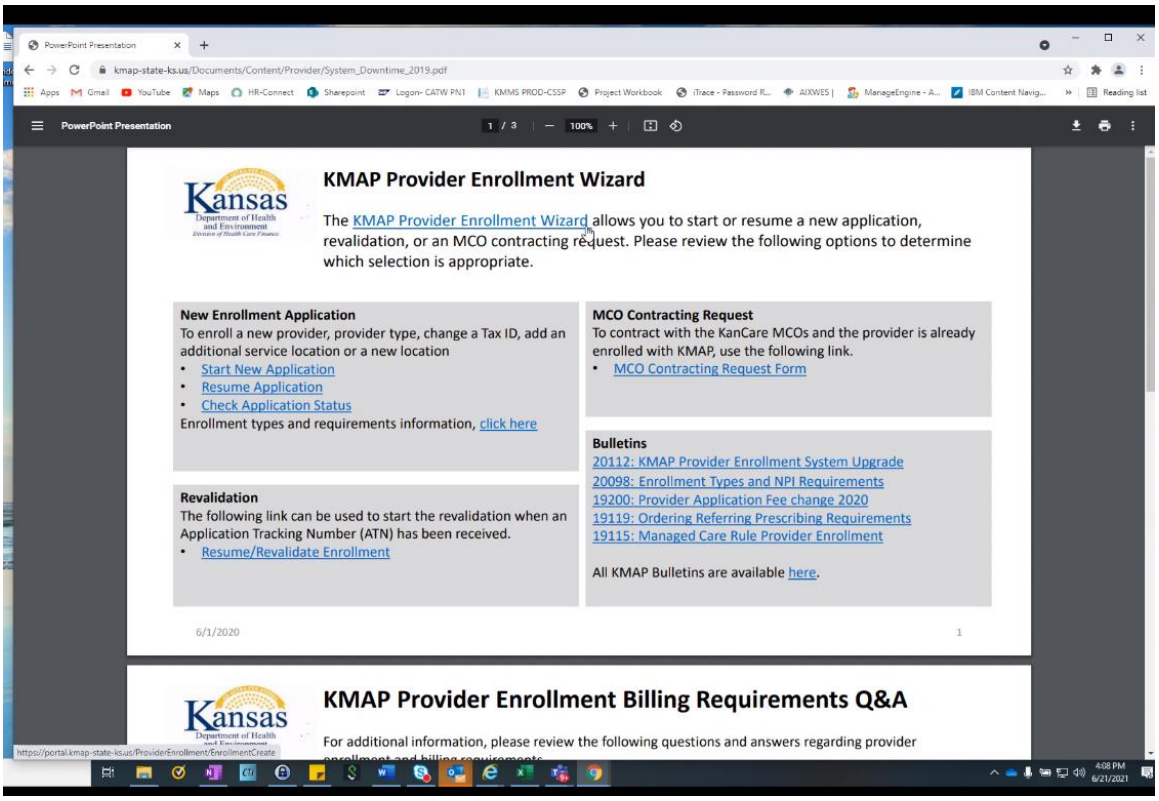
Kansas Medical Assistance Program SIA Application: Step-by-step guide

Go to www.kmap-state-ks.us Click: Start new application



Click START, or Resume application



Enrollment Pre-Checklist

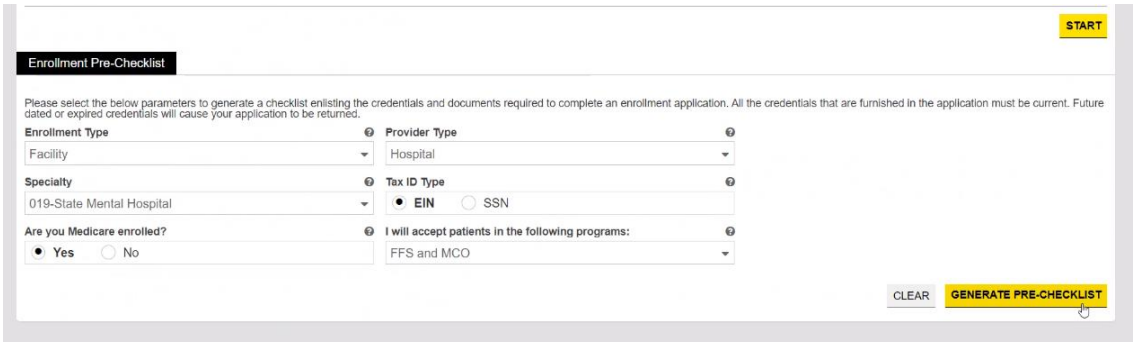
Enrollment Type: Facility; Provider Type: Hospital; Specialty: 019- State Mental Hospital

NOTE: The Enrollment Type and Provider Type are not changeable. If you choose the wrong type for either, the application will not be useable, and you will need to start a new application.

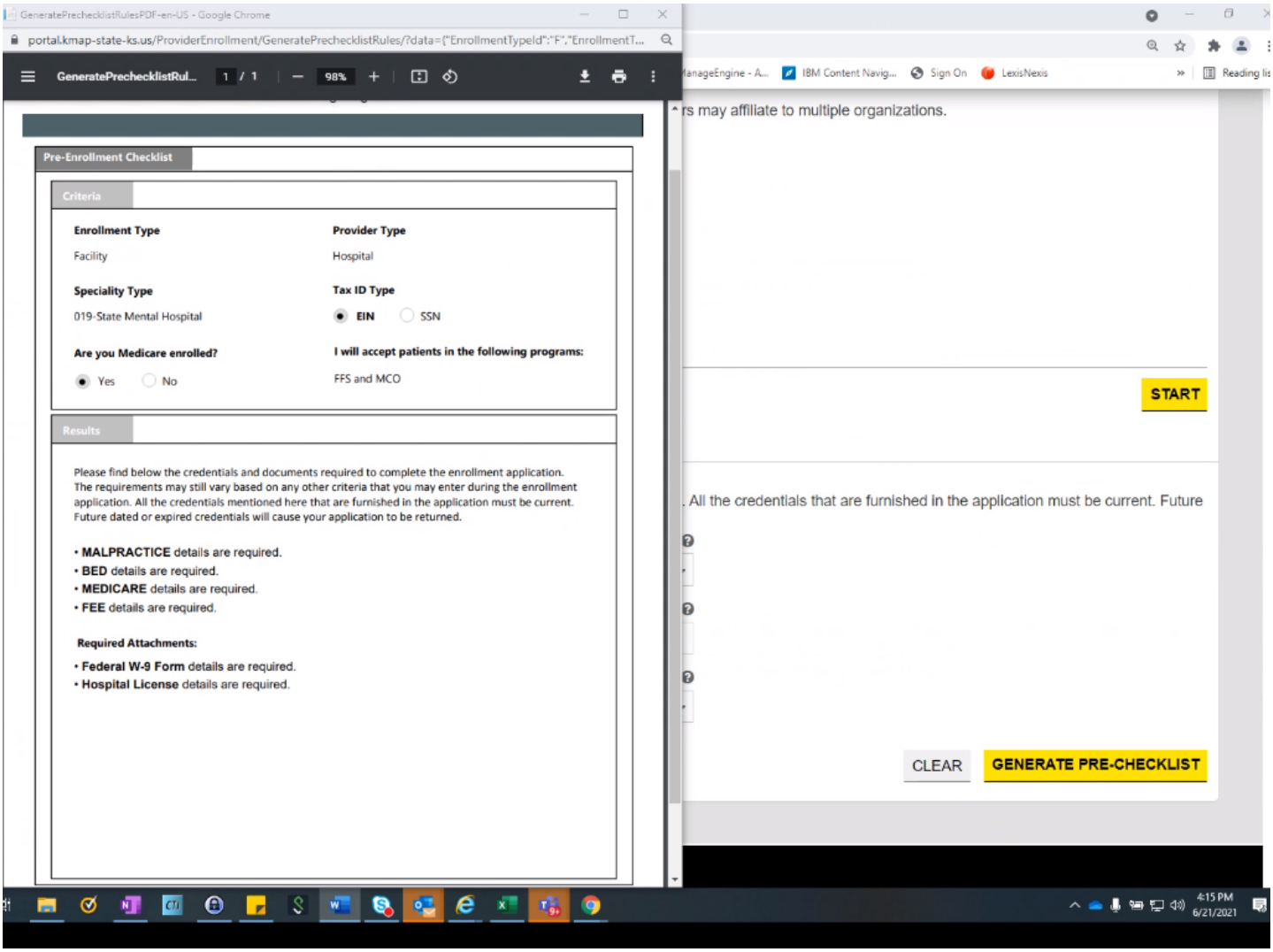
Effective date can be back dated if needed.

Are you Medicare enrolled: Yes (if you click No- it will not allow you to more forward at #7)

Tax ID Type: EIN; I will accept patients in the following programs: FFS and MCO; Click: Generate Pre-checklist

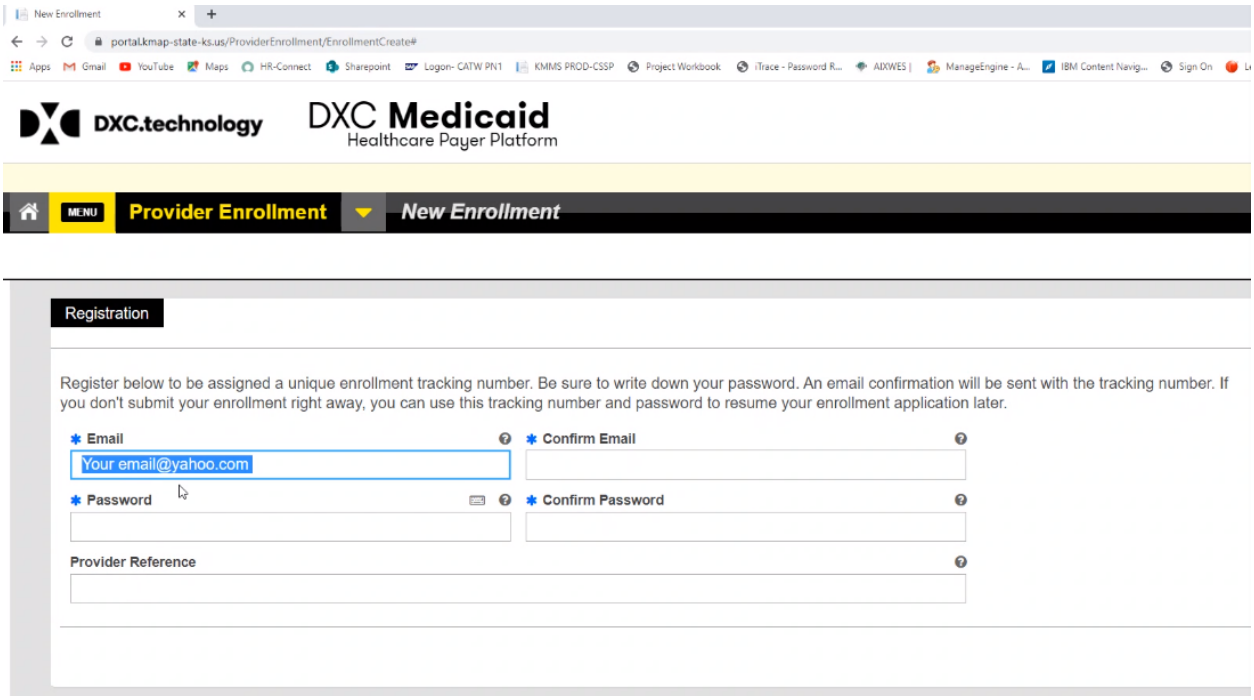


See below for the information and documents that you will be required to provide to complete your application. Have them ready to move on.

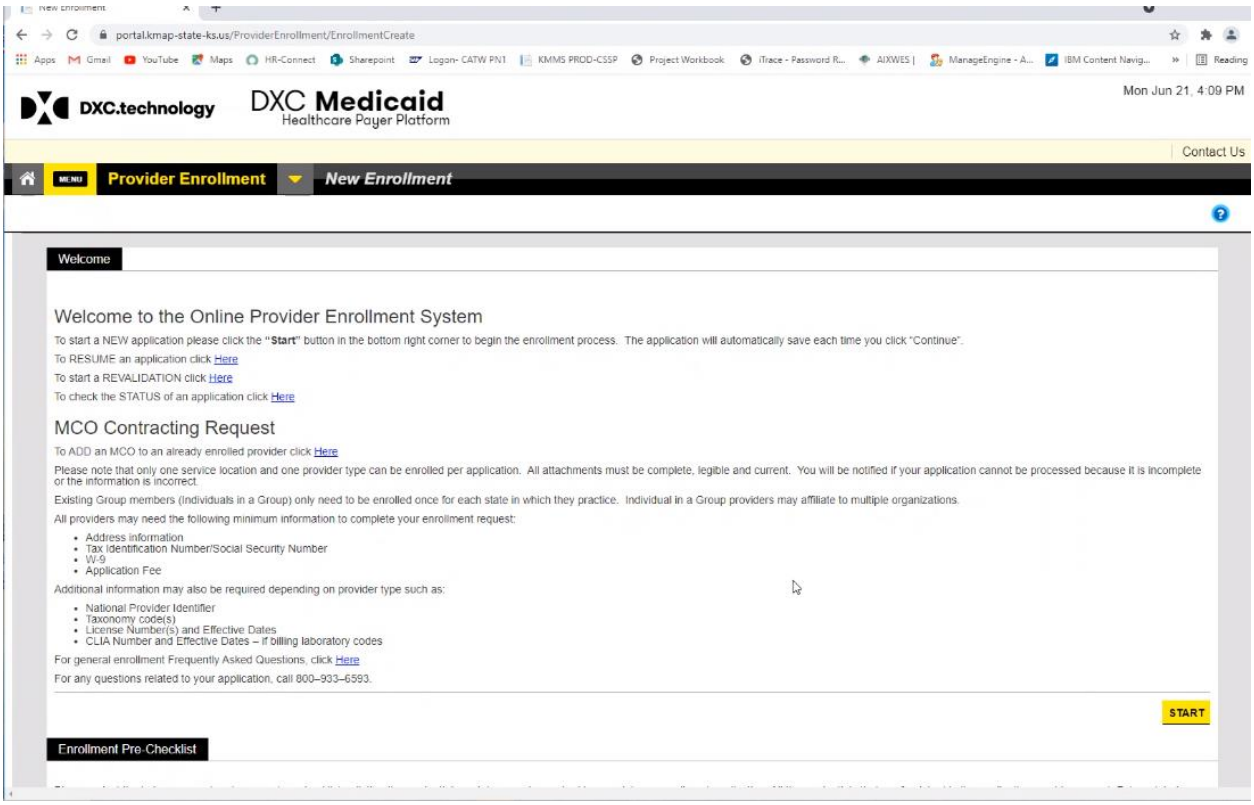


Start application, it will ask you to register your account.

Provide your email and create a password. If you are enrolling more than one location – fill out the provider reference box. It will allow you to distinguish between the multiple applications you are submitting.



Click on KMAP Provider Enrollment Wizard or Start New Application



The next page will have a bar at the top of the page with 13 steps you will need to complete; it will show your progress through the application:

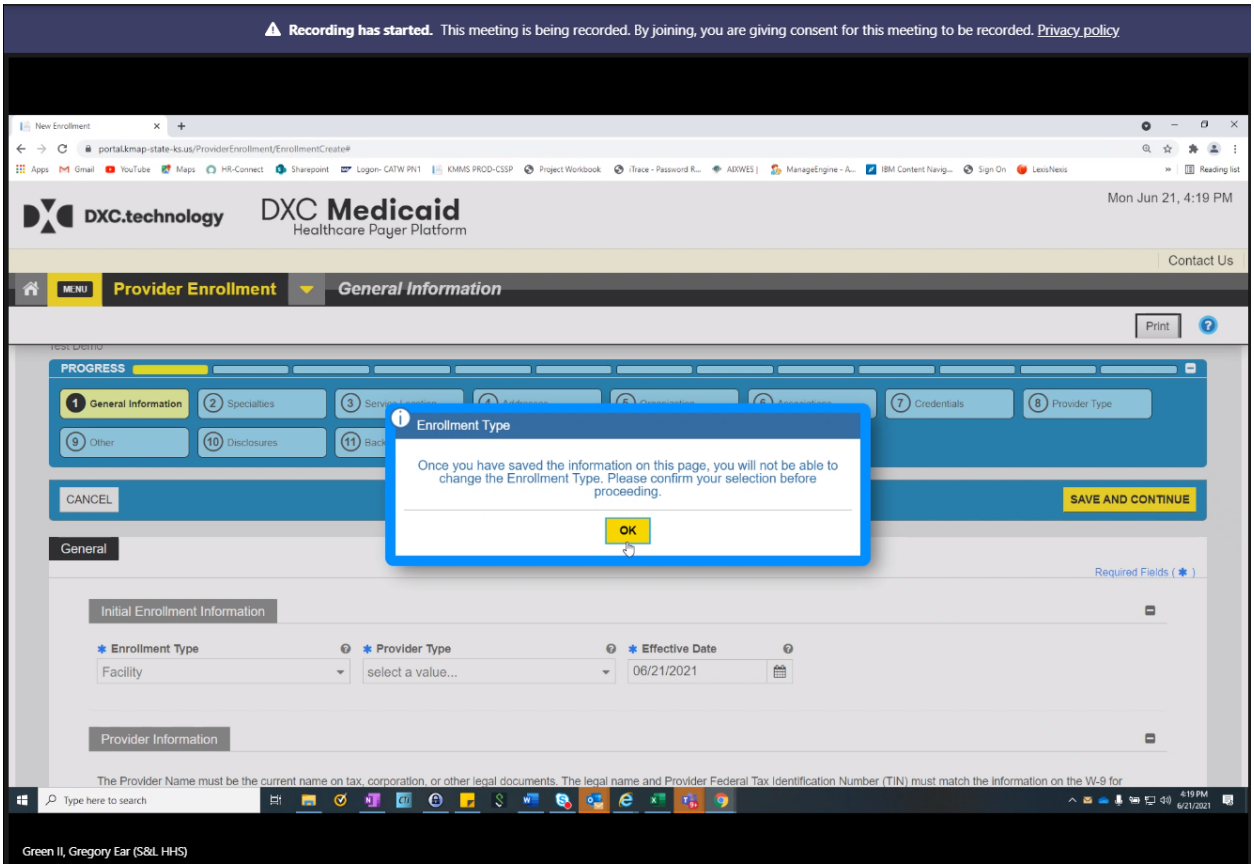
#1 General Information. IT is important to choose correct options – after moving past page 1 you will not be able to change the Enrollment Type or Provider Type.

Enrollment Type: Facility

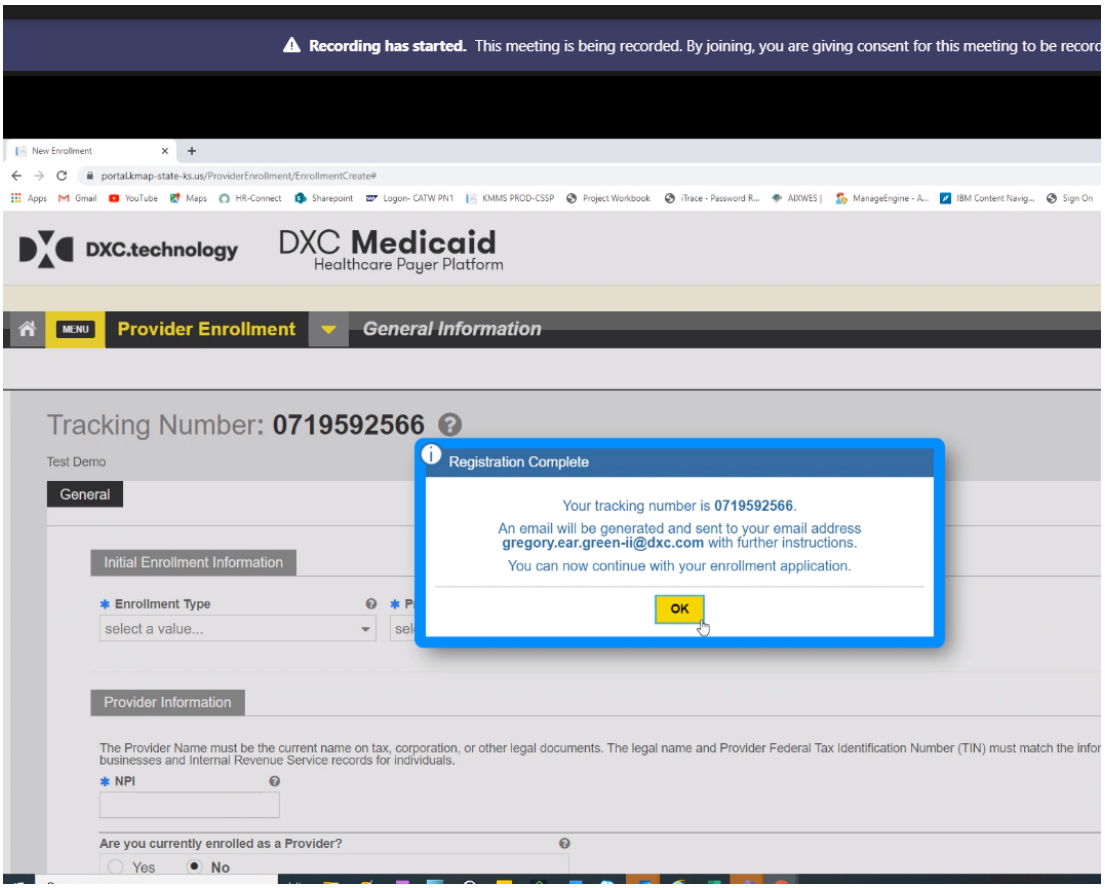
Provider Type: Hospital

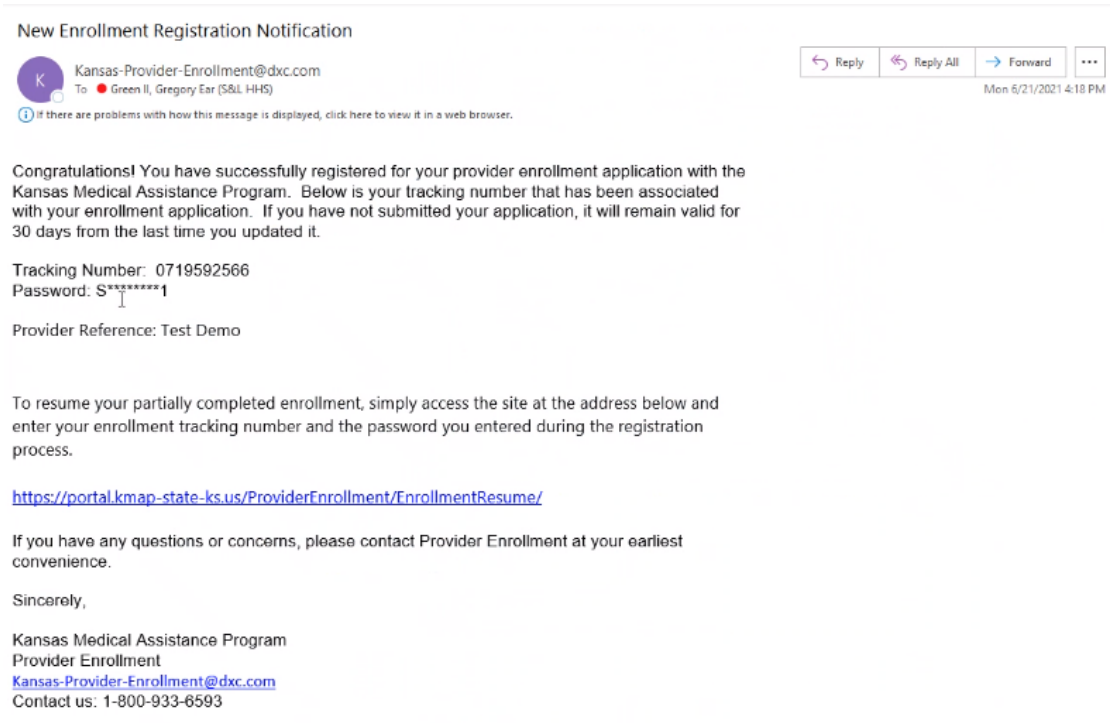
Specialty: 019- State Mental Hospital

Choose the date you want to be active (the date you are filling out the application) and it can be backdated as well.



Once you click save and continue on the previous page, you will receive an email with the tracking number

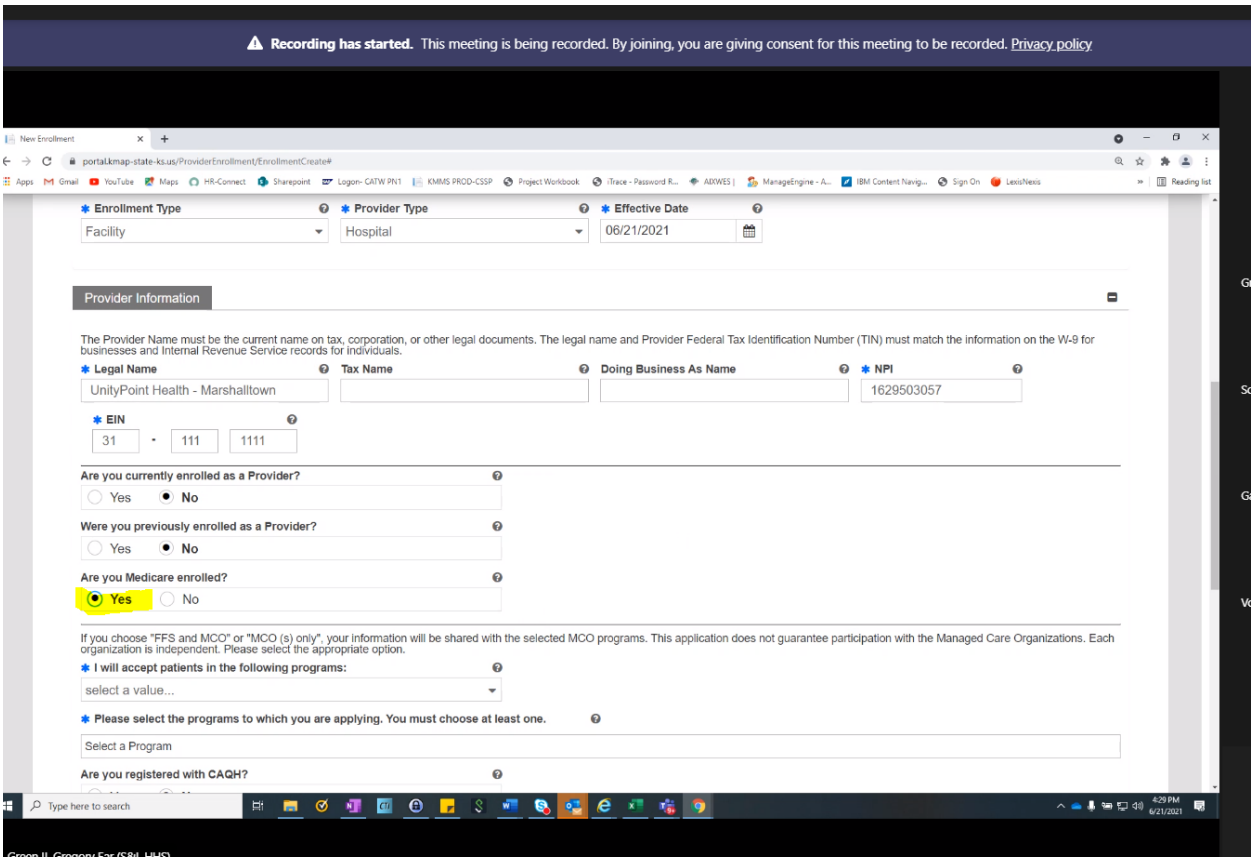




Fill out your Provider Information

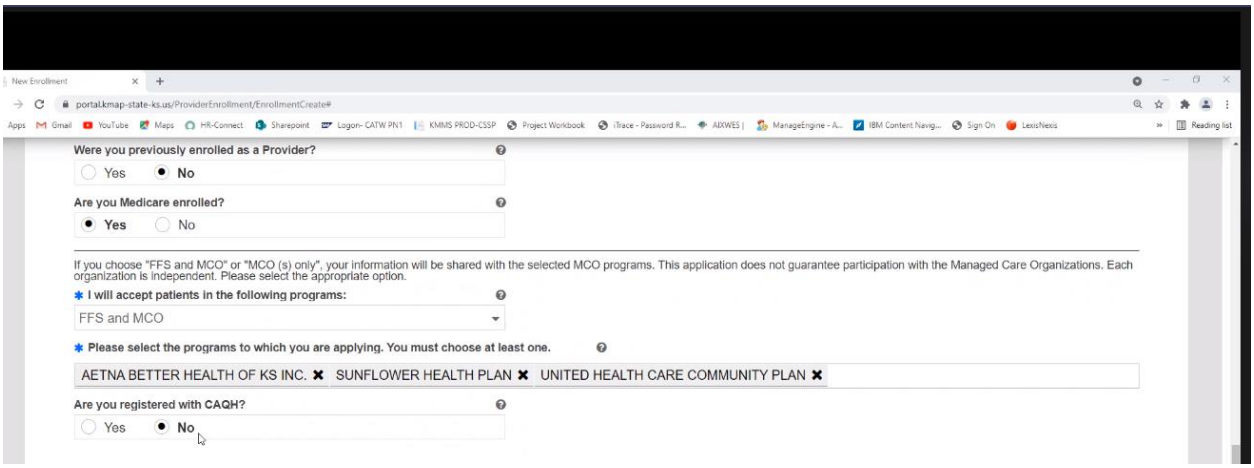
You will need to select Yes for the “Are you Medicare enrolled?” question, or you will not be able to get past # 7 in the application as it will require you to provide your Medicare number.

Select FFC and MCO

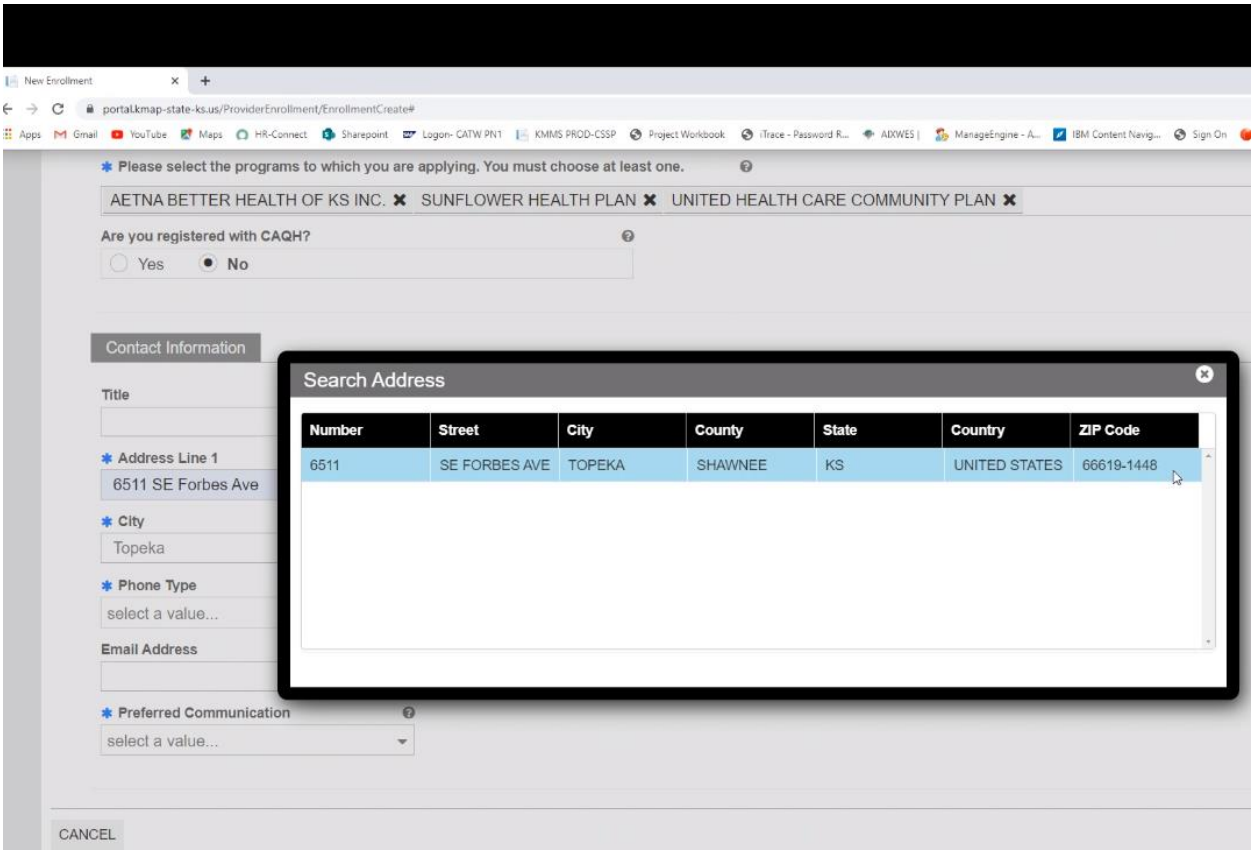


Select MCOs you would like to select. You can select 1, 2 or all 3

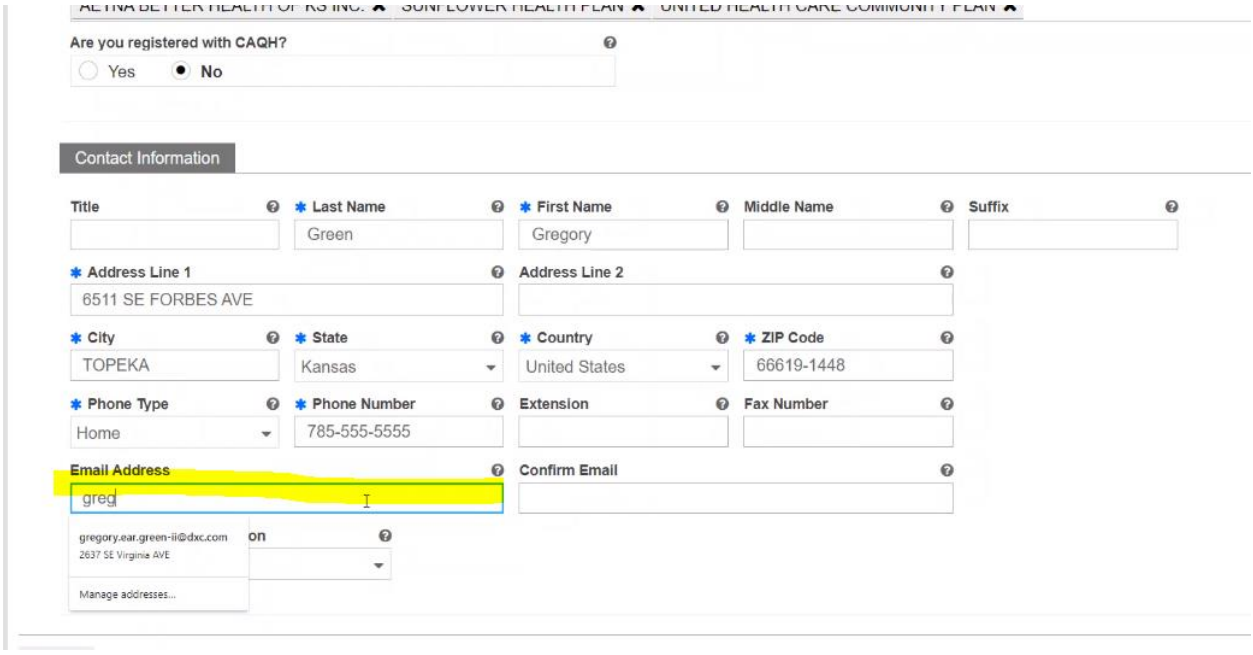
Select no for CAQH question



Provide Contact Information

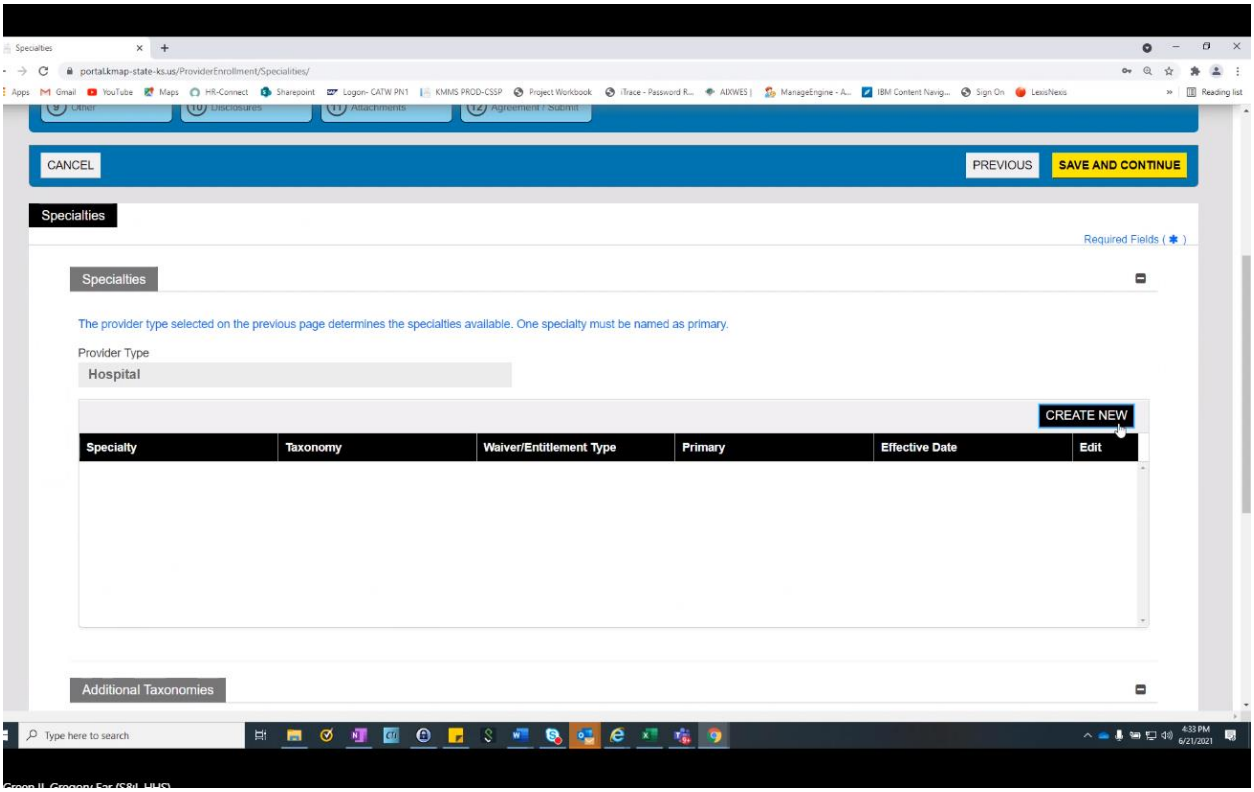


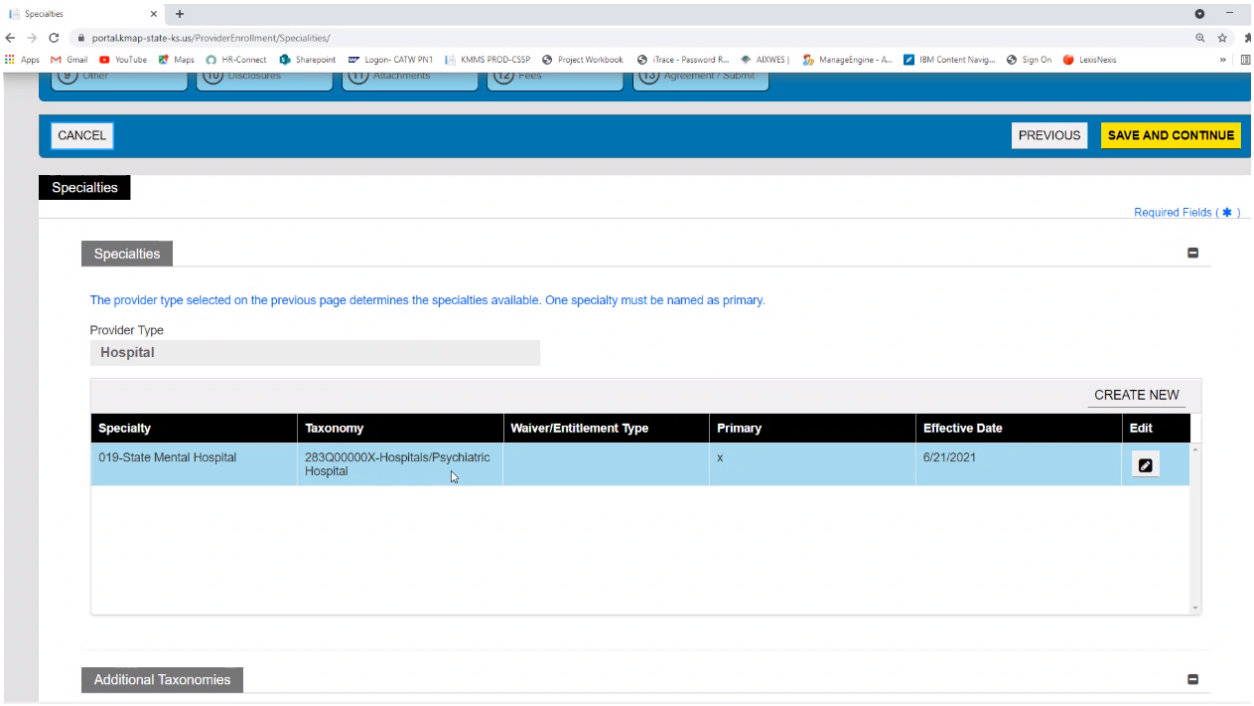
Email is required even though there is no asterisk. Email is always a preferred method of communication

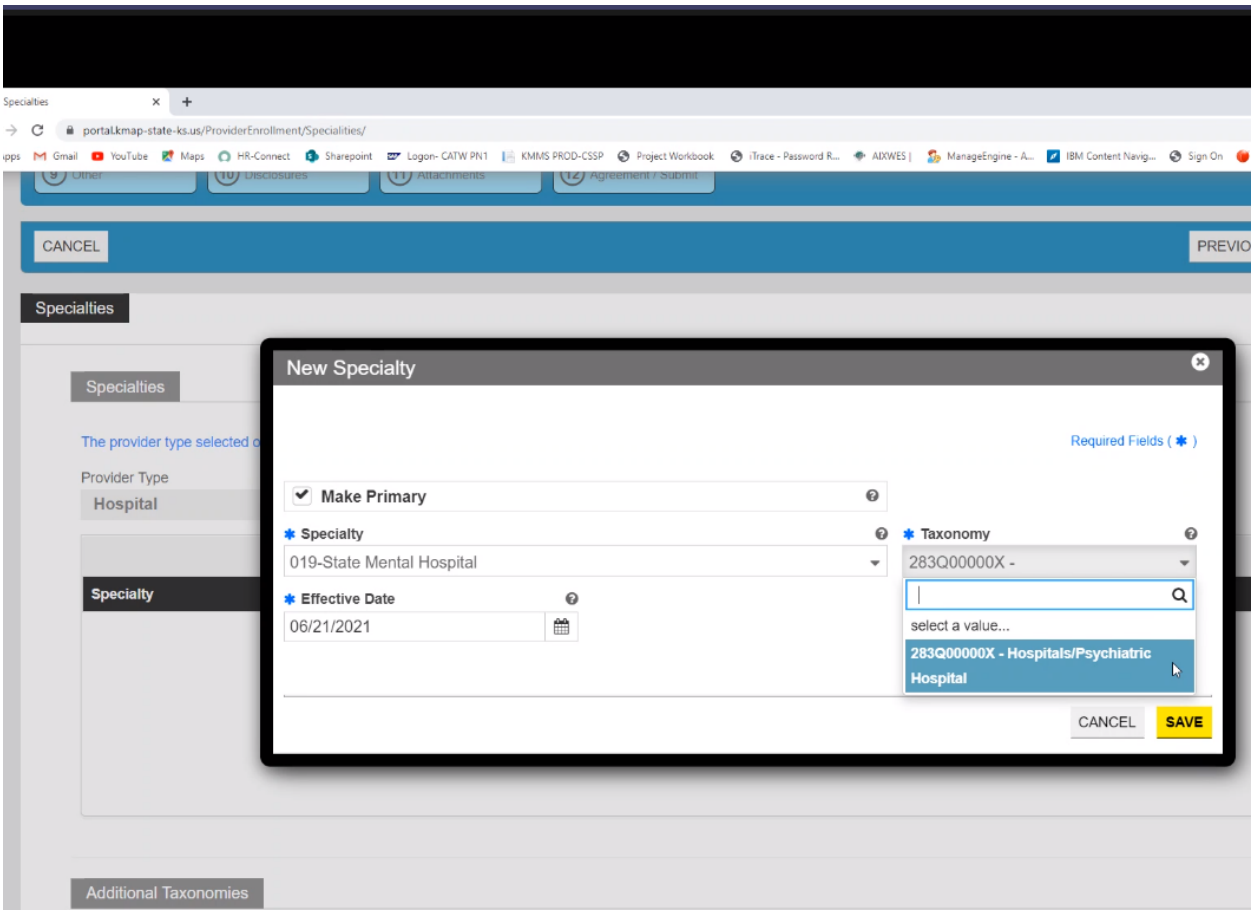


#2 Specialties. Create New. Select 019- State Mental Hospital and make it Primary.

Taxonomy- Hospitals/Psychiatric hospital

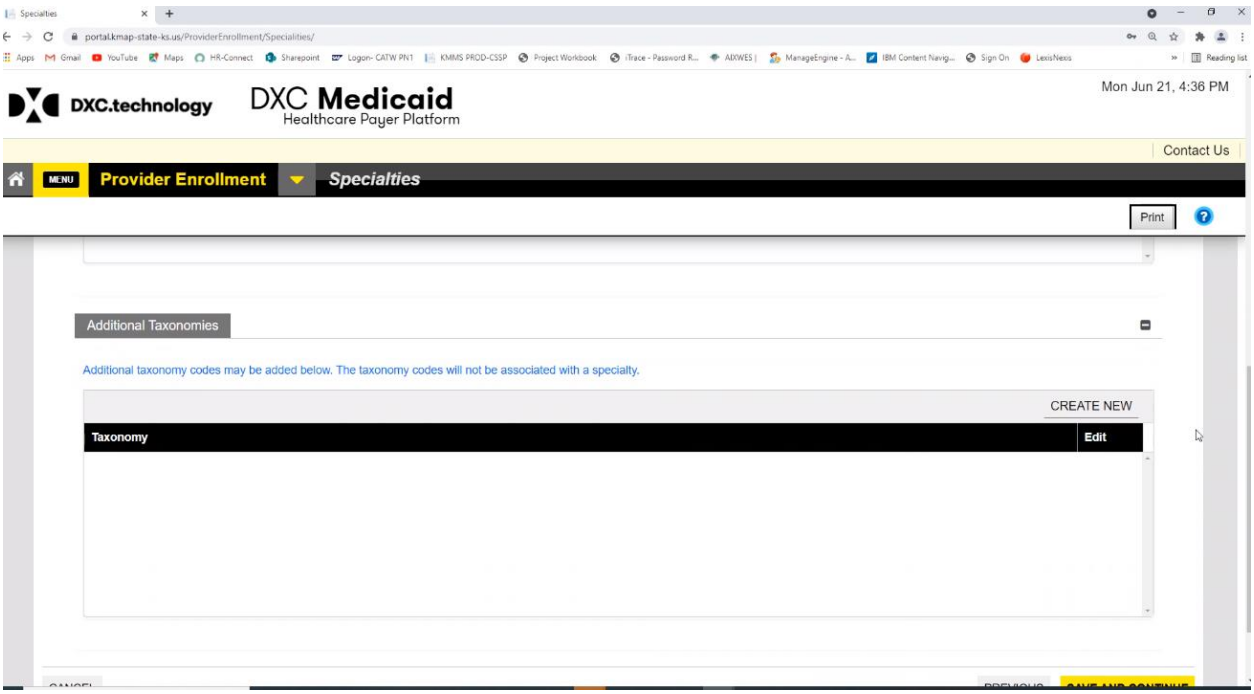




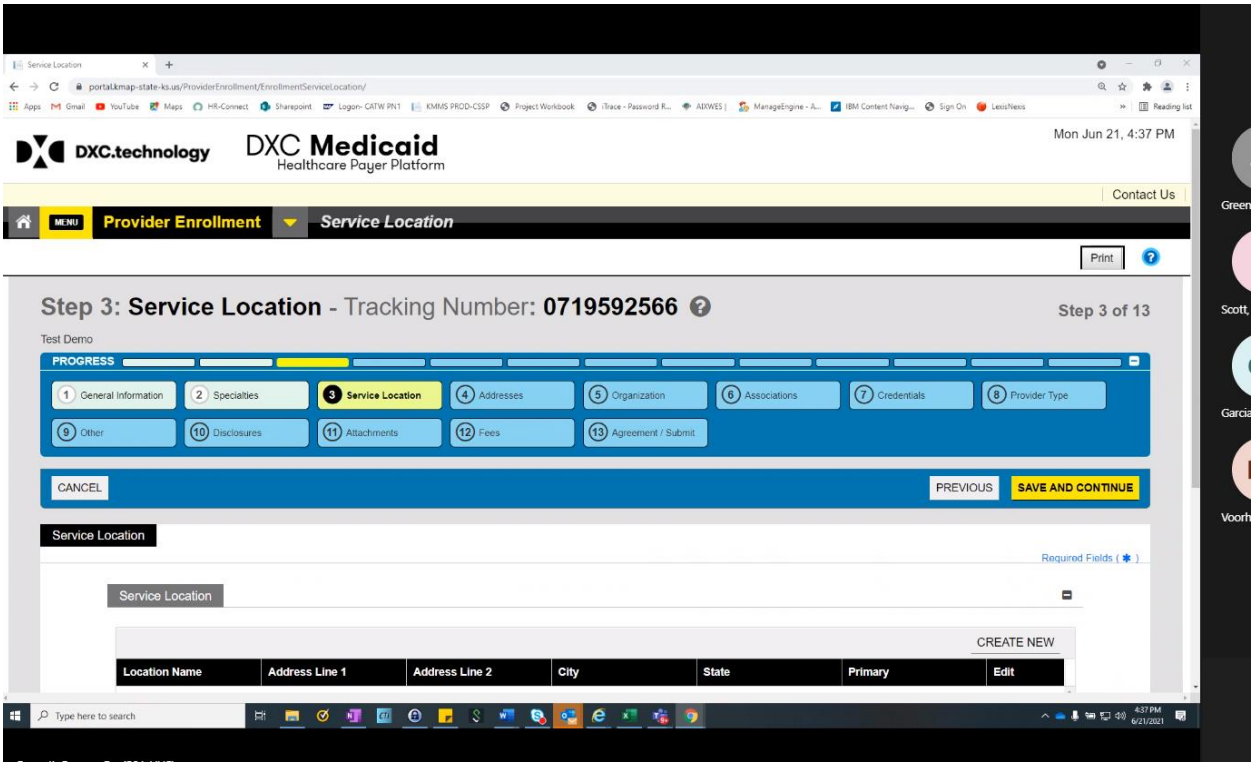


To add more taxonomies- click edit. For SIA enrollment – you will need one only

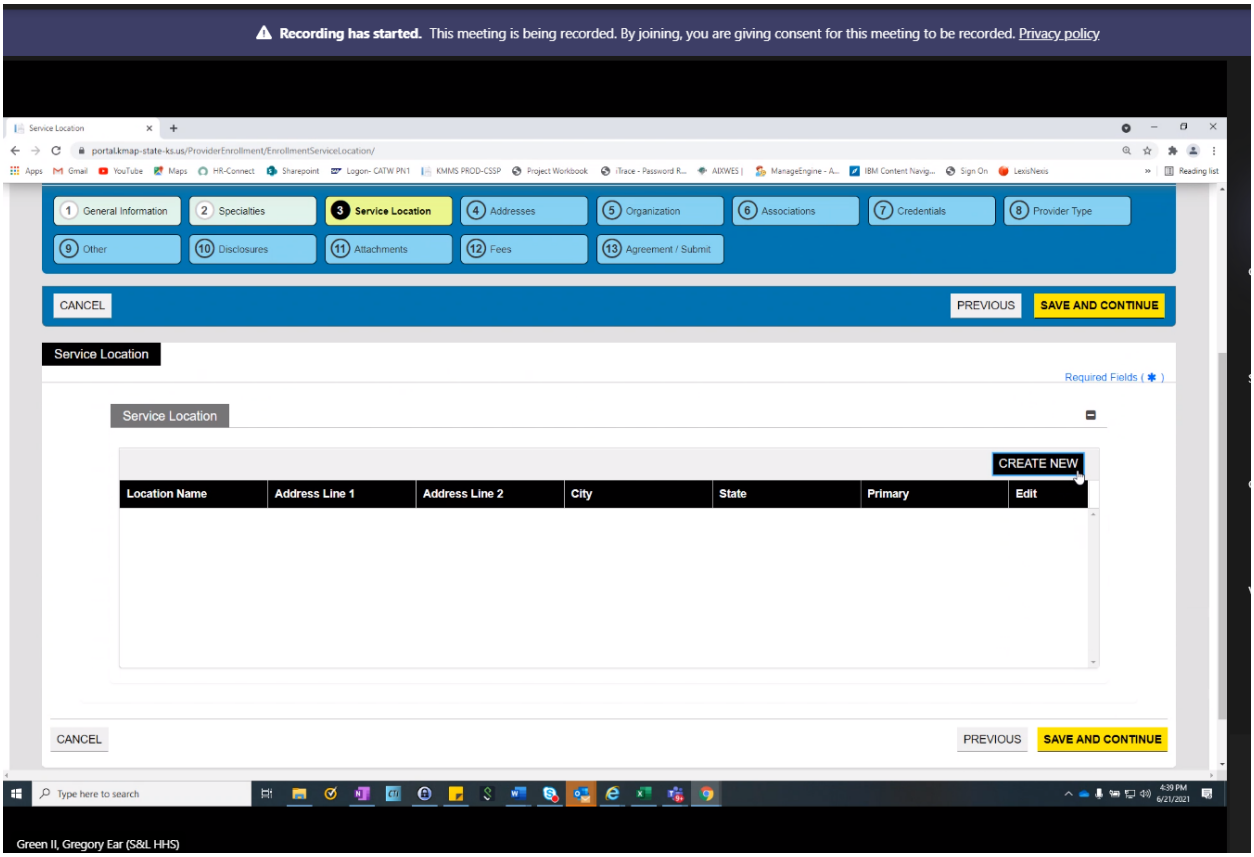
Save and Continue

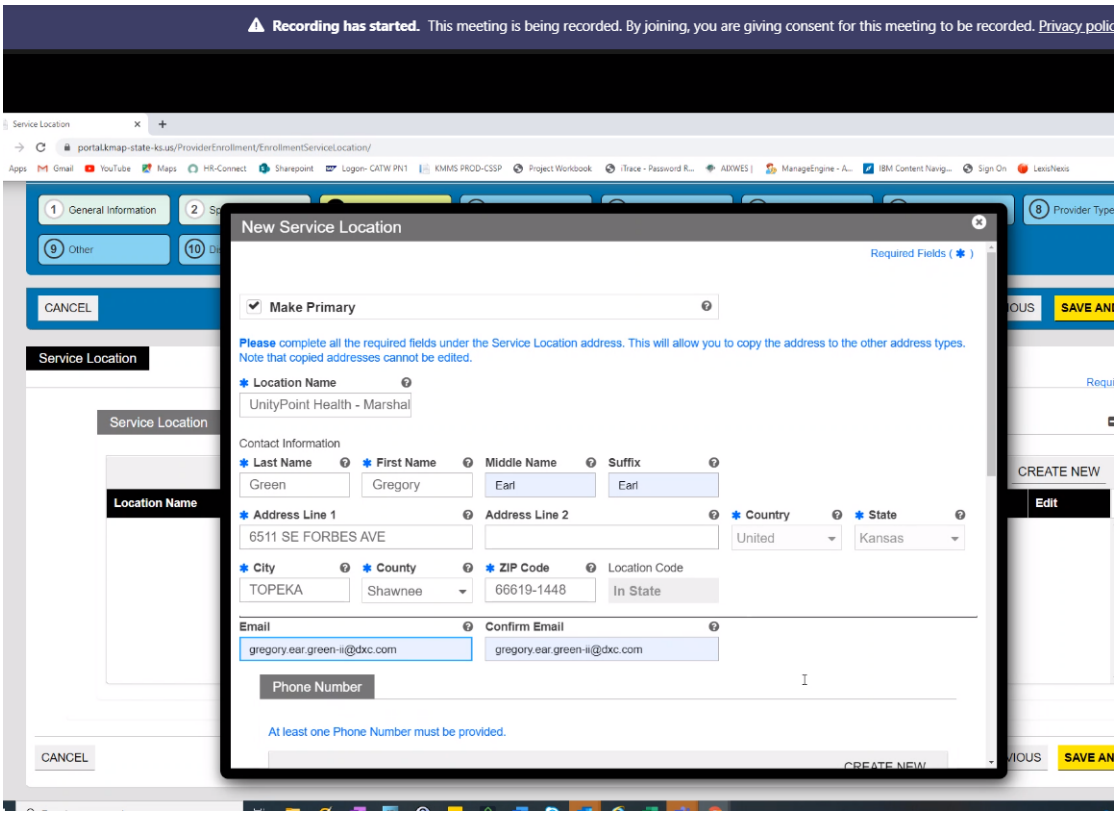


Step #3 Service Location. Create new

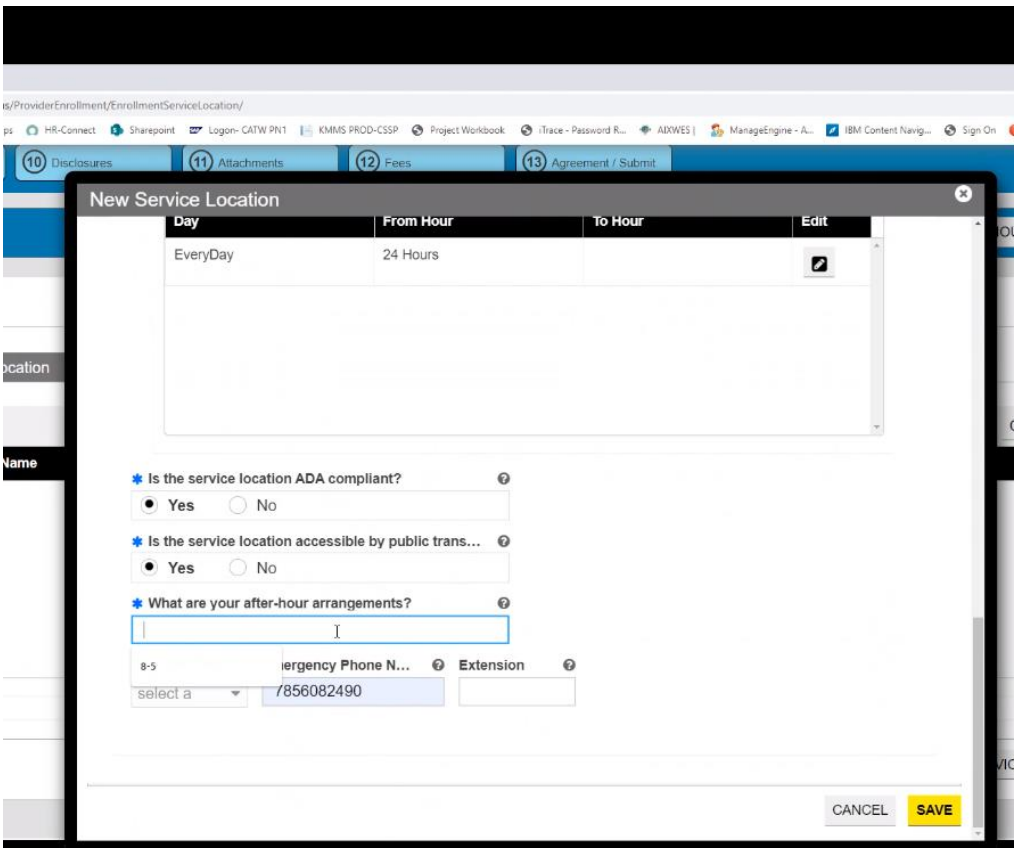


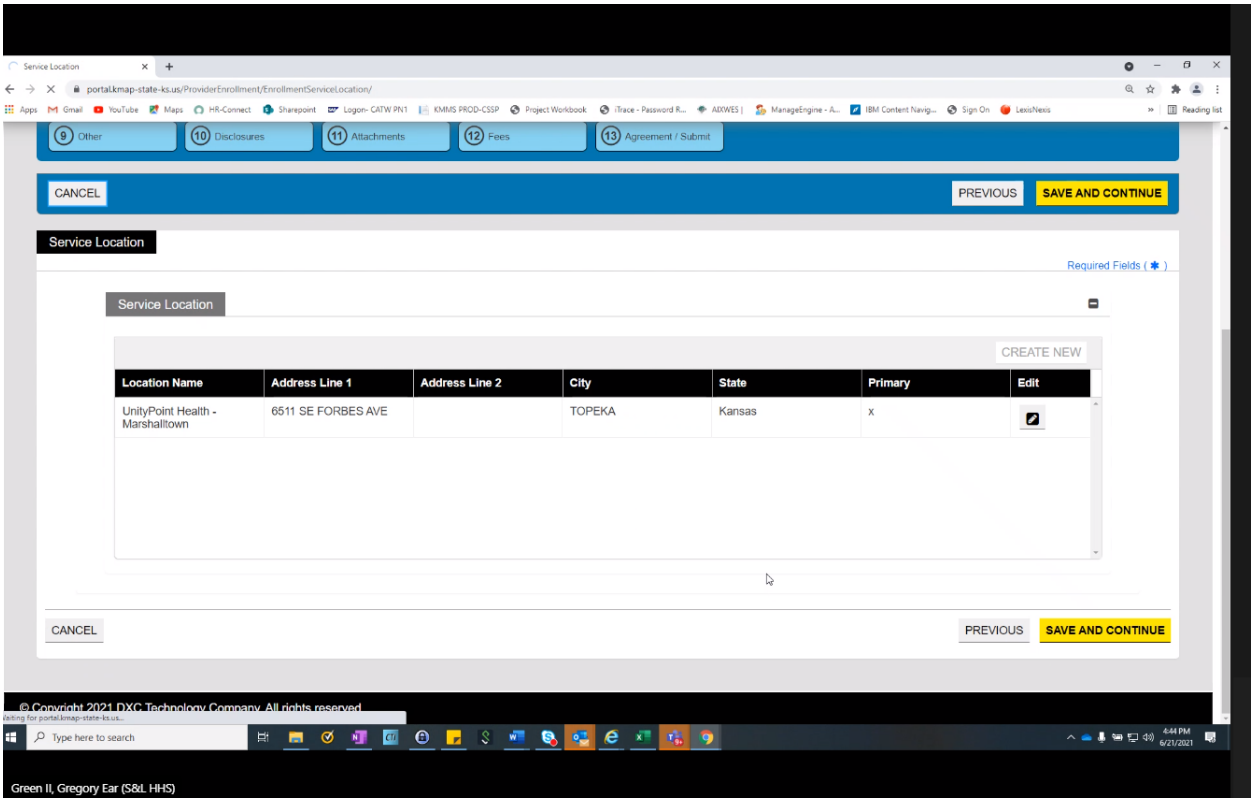
Provide details; Save and Continue



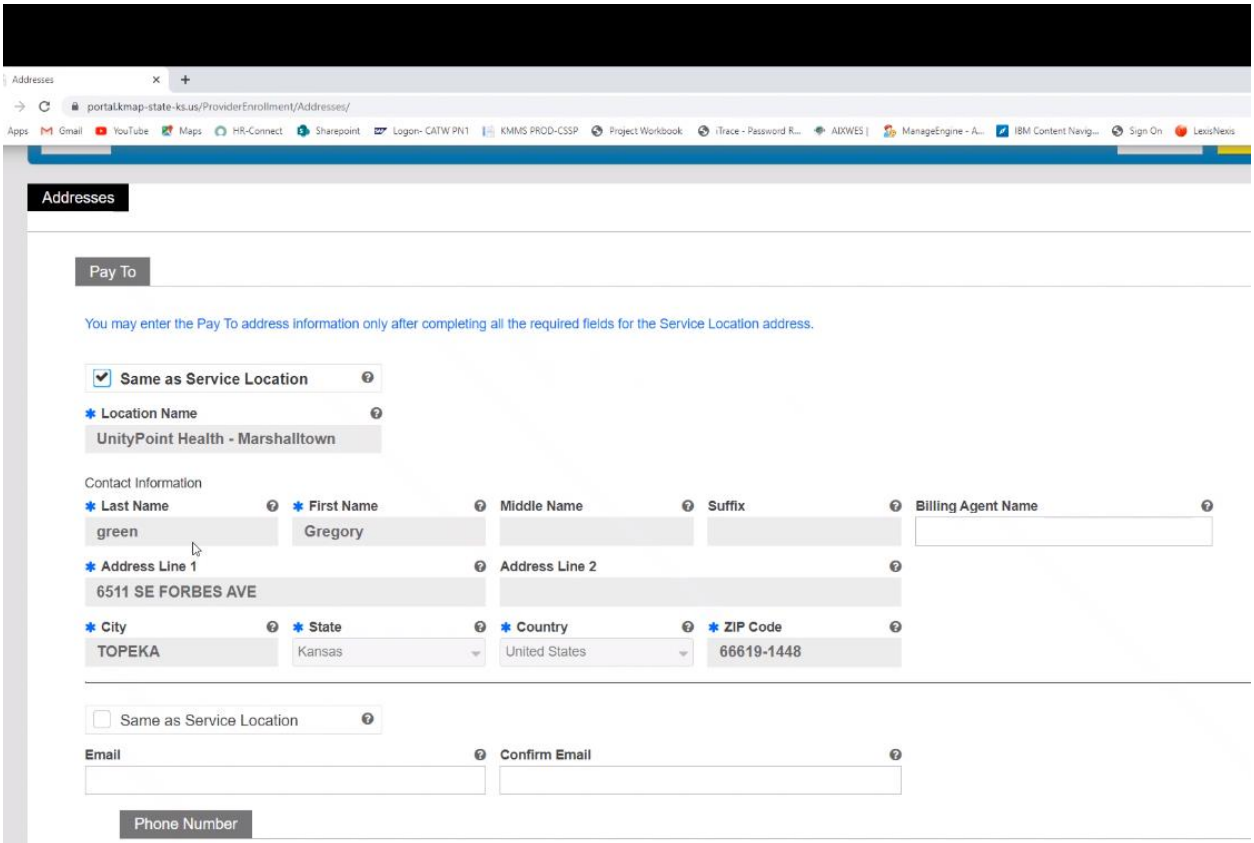


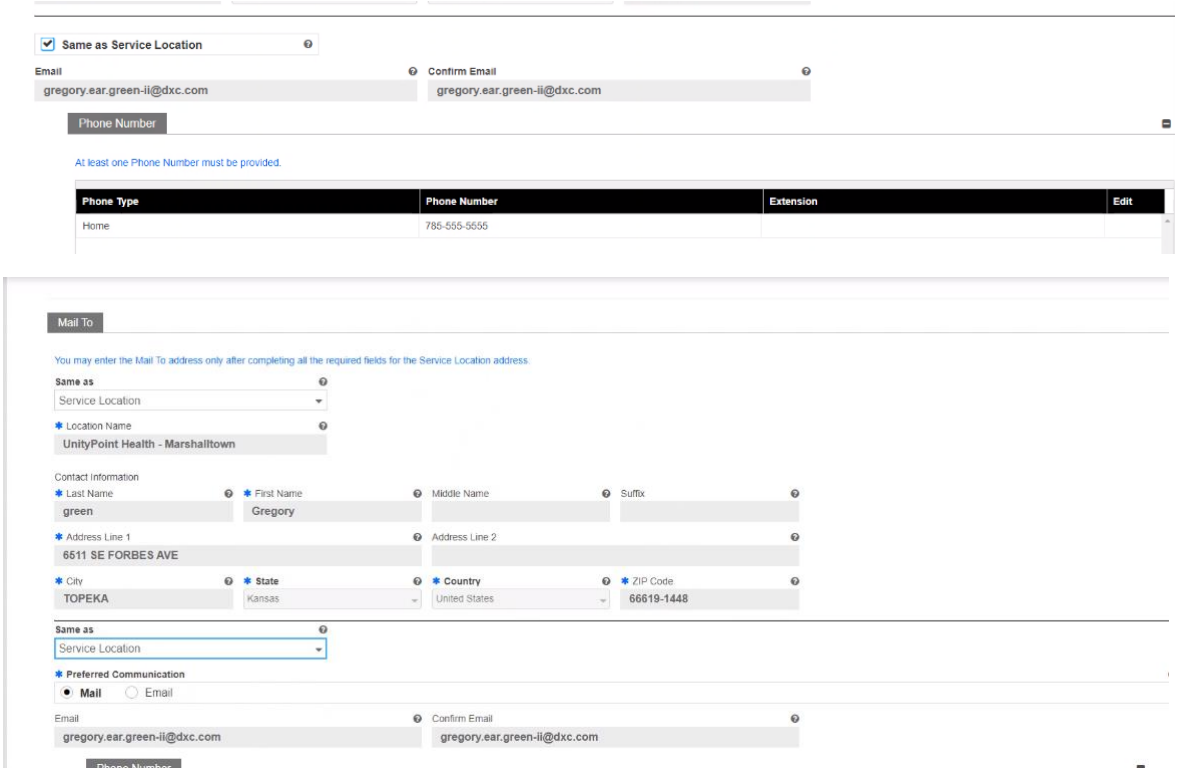
To add a phone number- slick Create new and add a phone number, save and select hours of operation, create new and select the hours, click Save



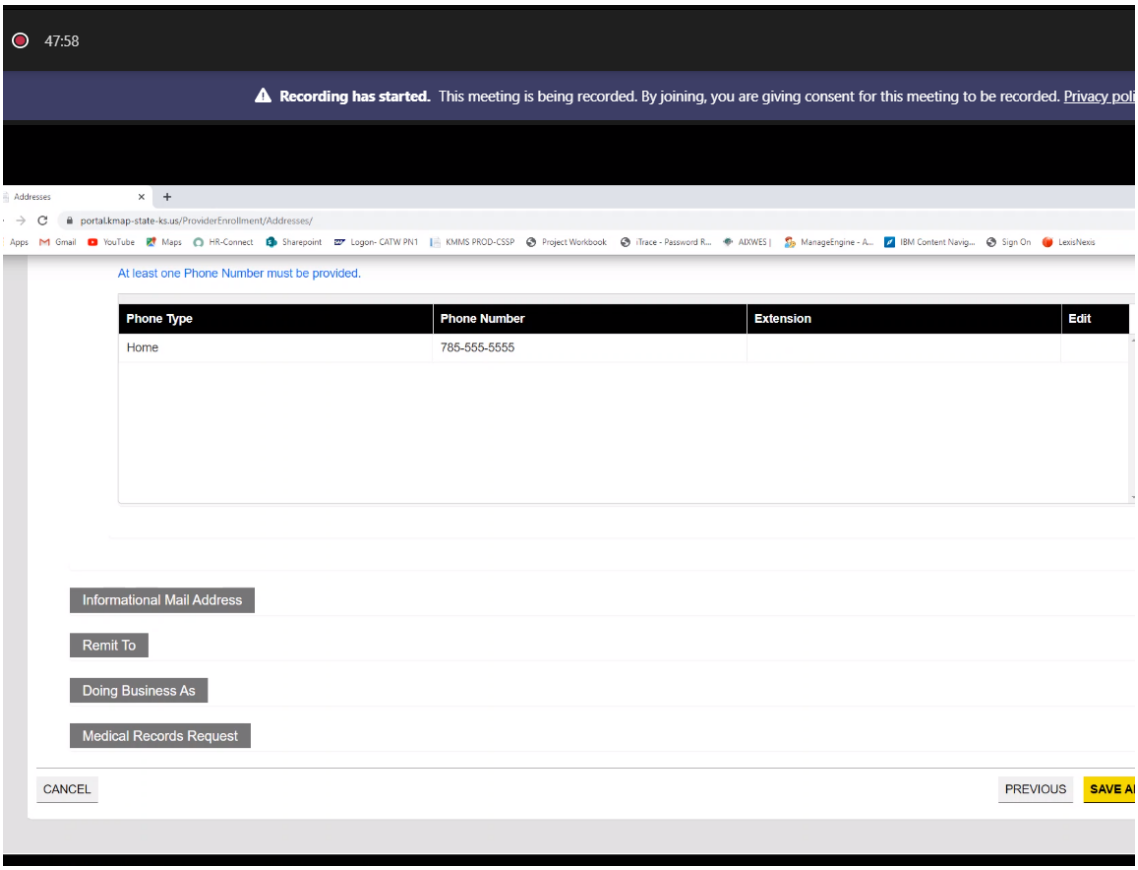


Step #4 Addresses. Click Same as Service Location to autofill or provide other details manually

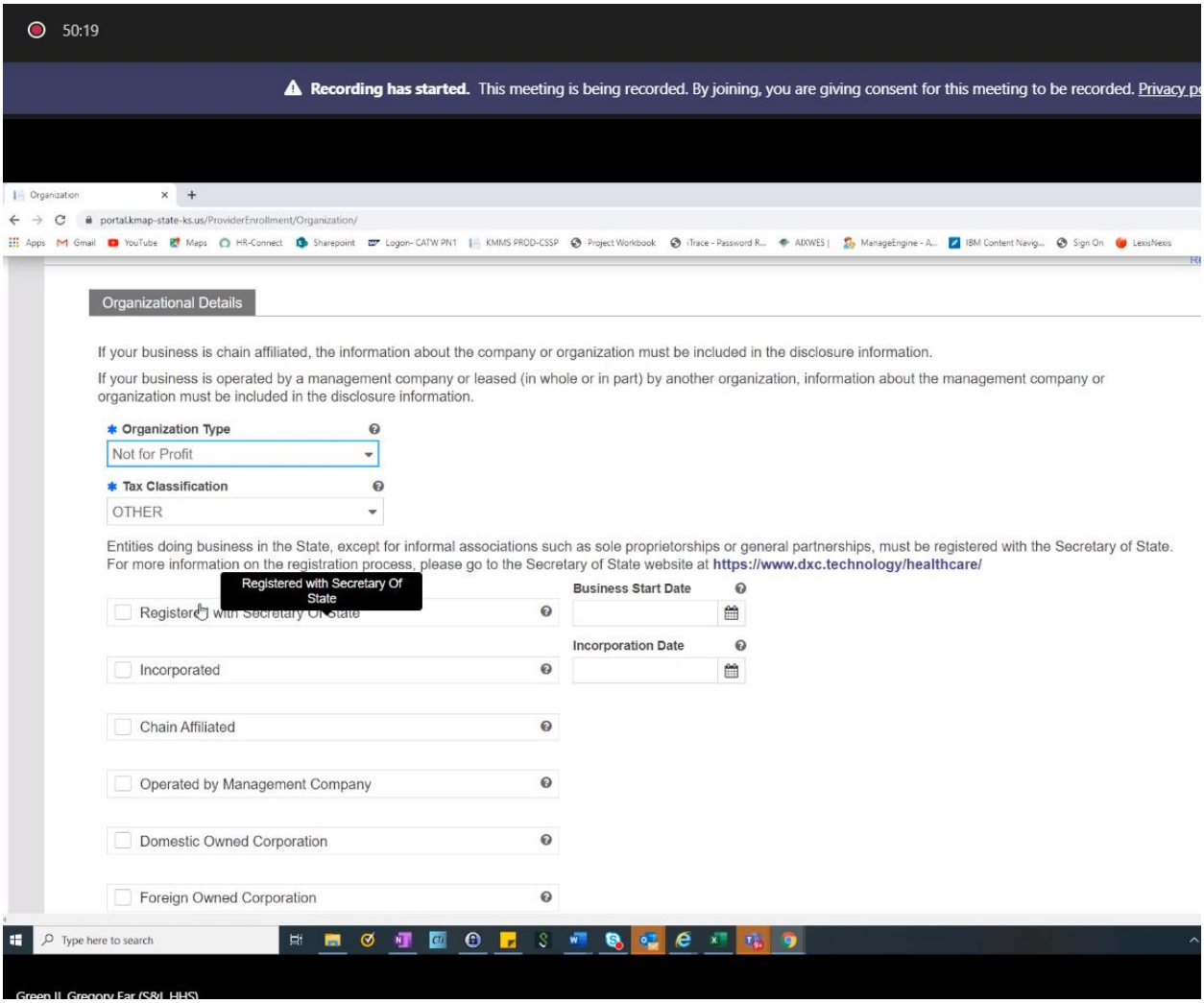




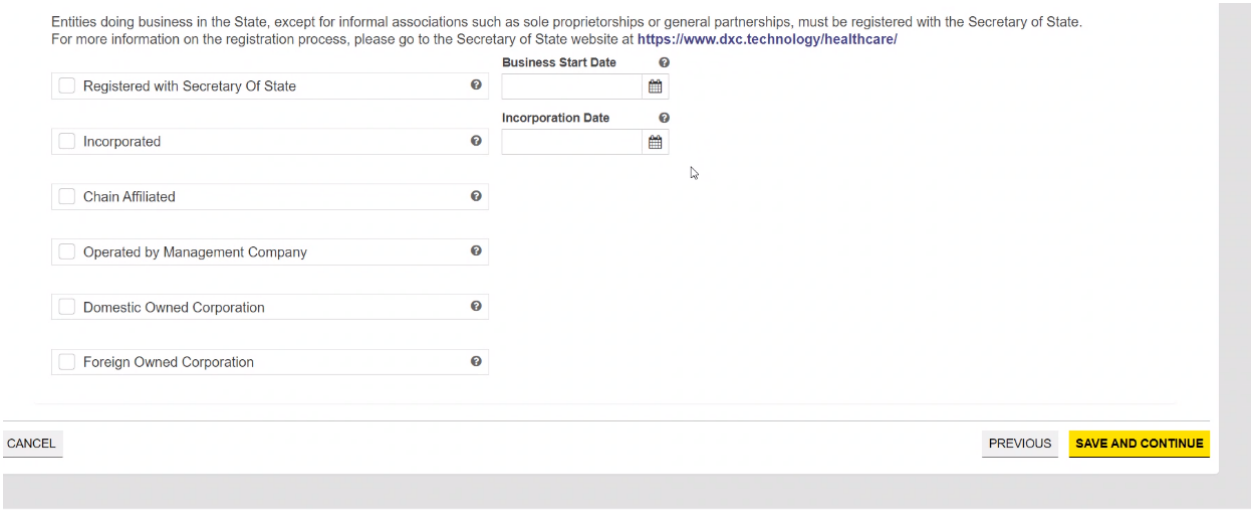
Information below is Optional: Informational Mail Address; Remit TO; Doing Business as; Medical Records Request



5 Organizational Details.

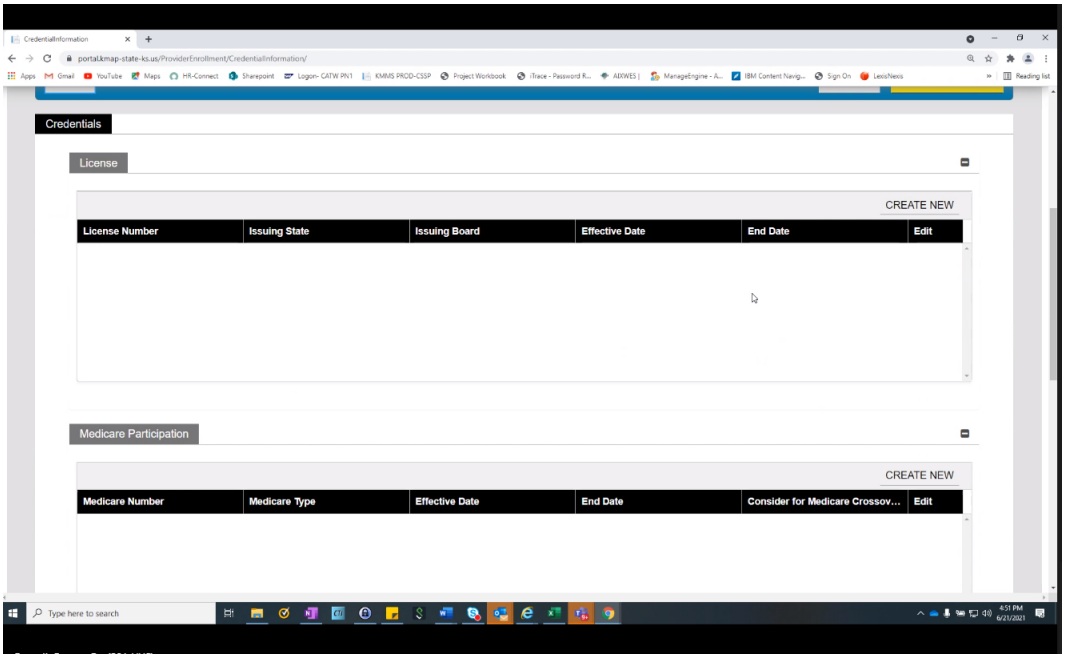


Next part is optional:

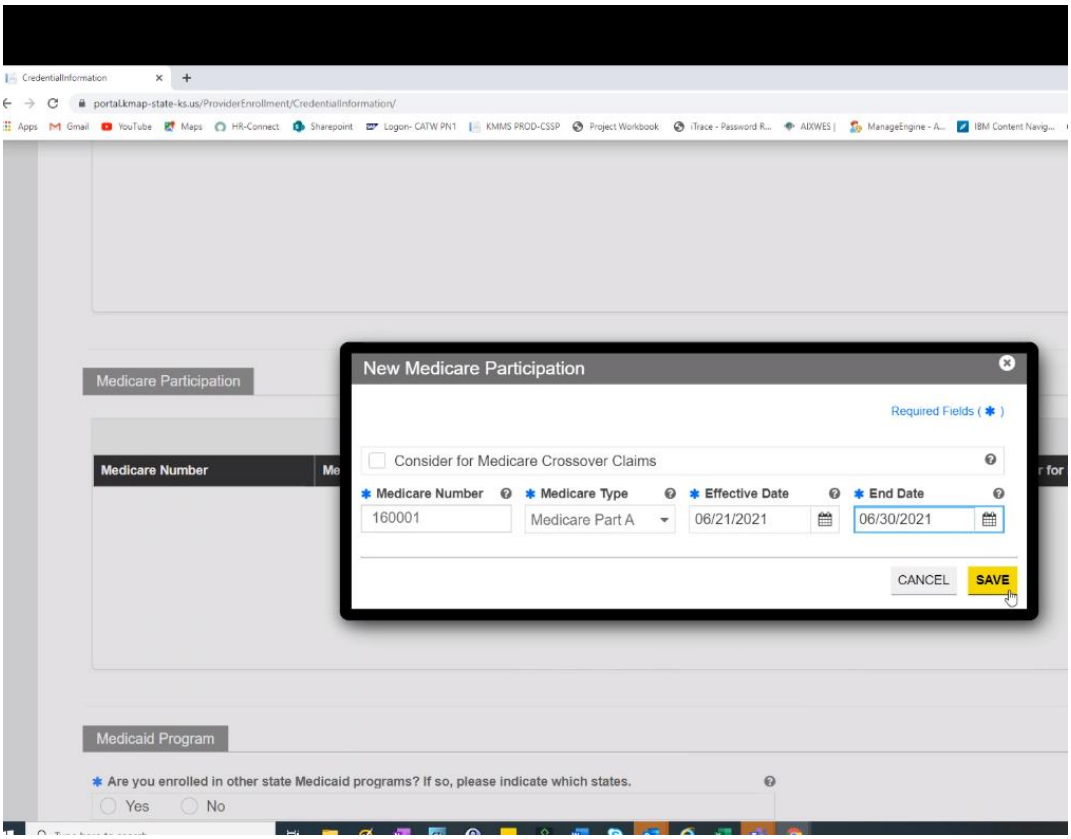


#6 Associations – Will be left blank

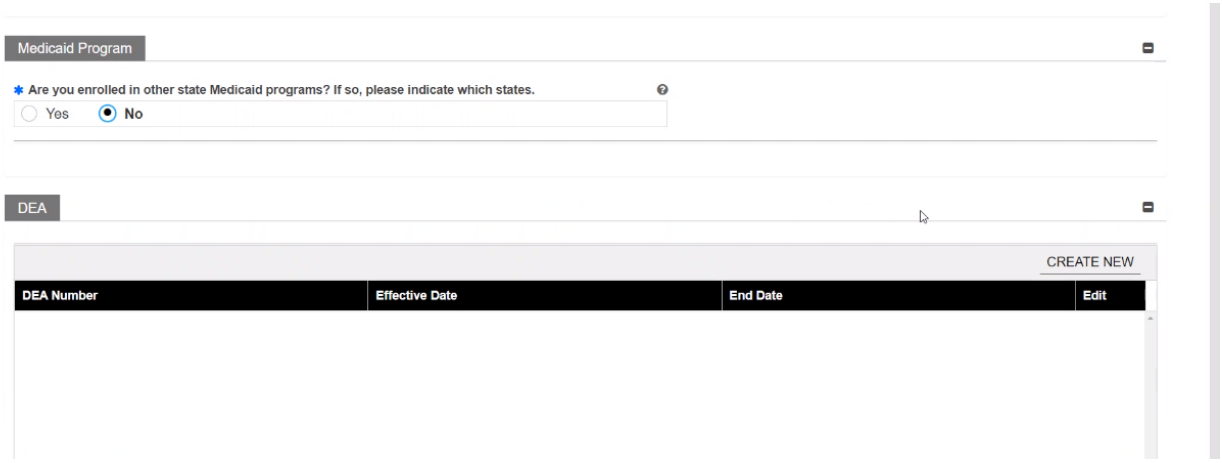
#7 Credentials. For instate Kansas providers- leave blank or it will ask you to fill out details. IF you accidentally click new one- use dummy info



MEDICARE Participation is required

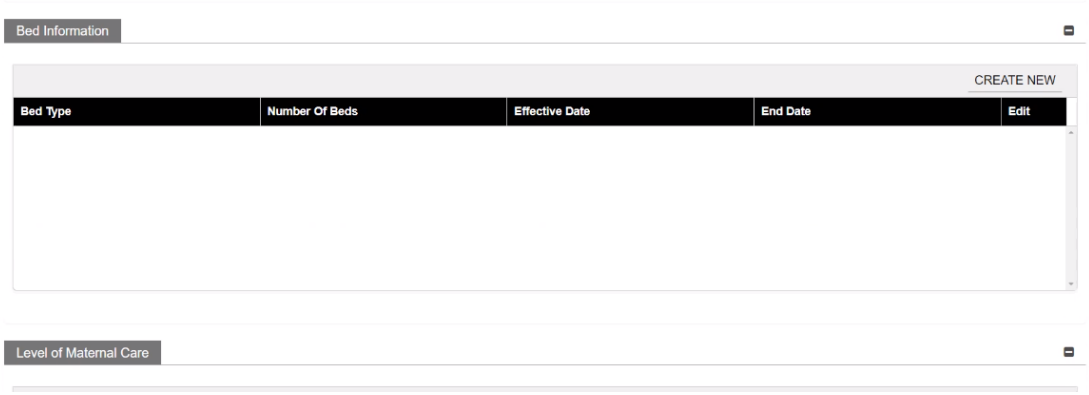


If you are not participating in another State Medicaid program- select No

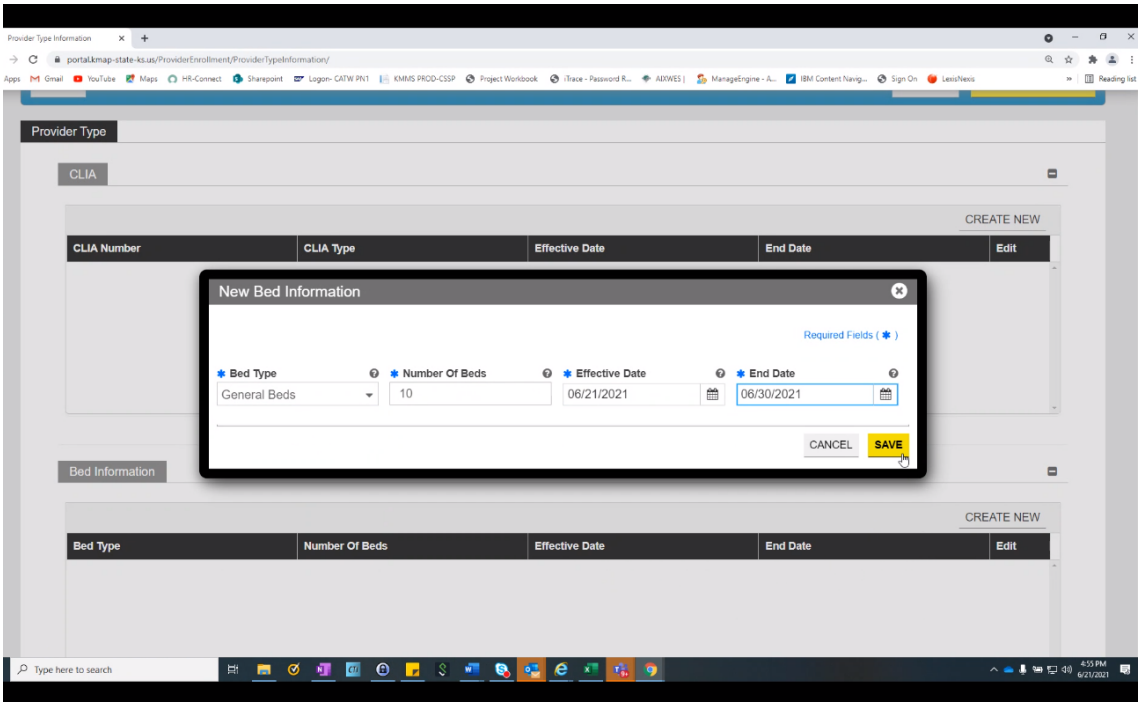


Leave CLIA information blank

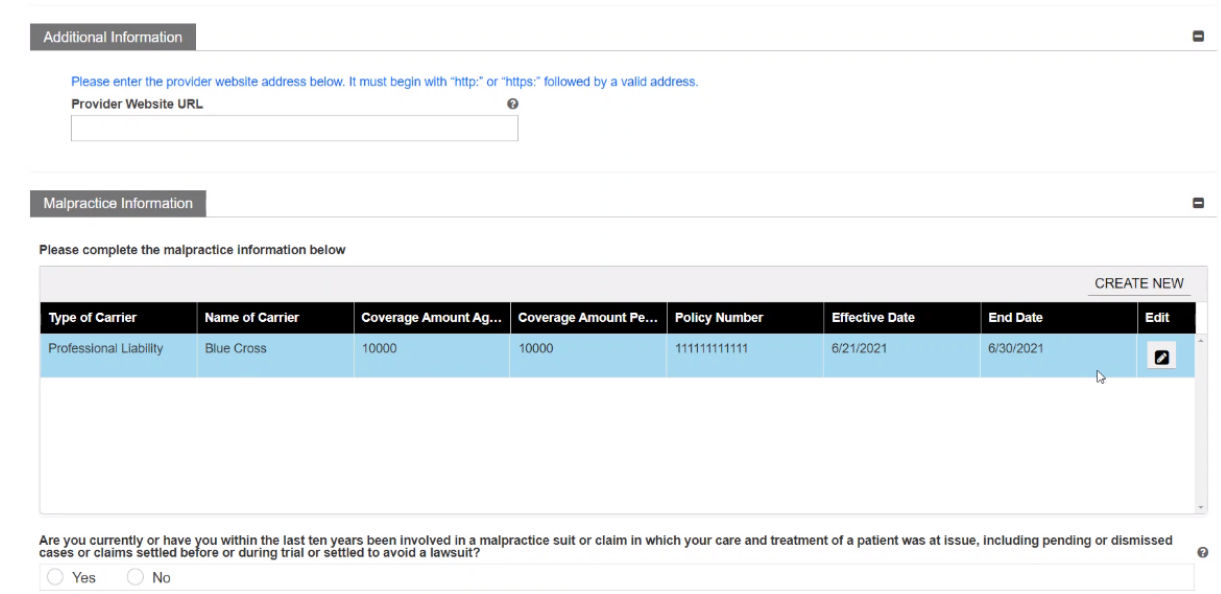
Bed information: create new.



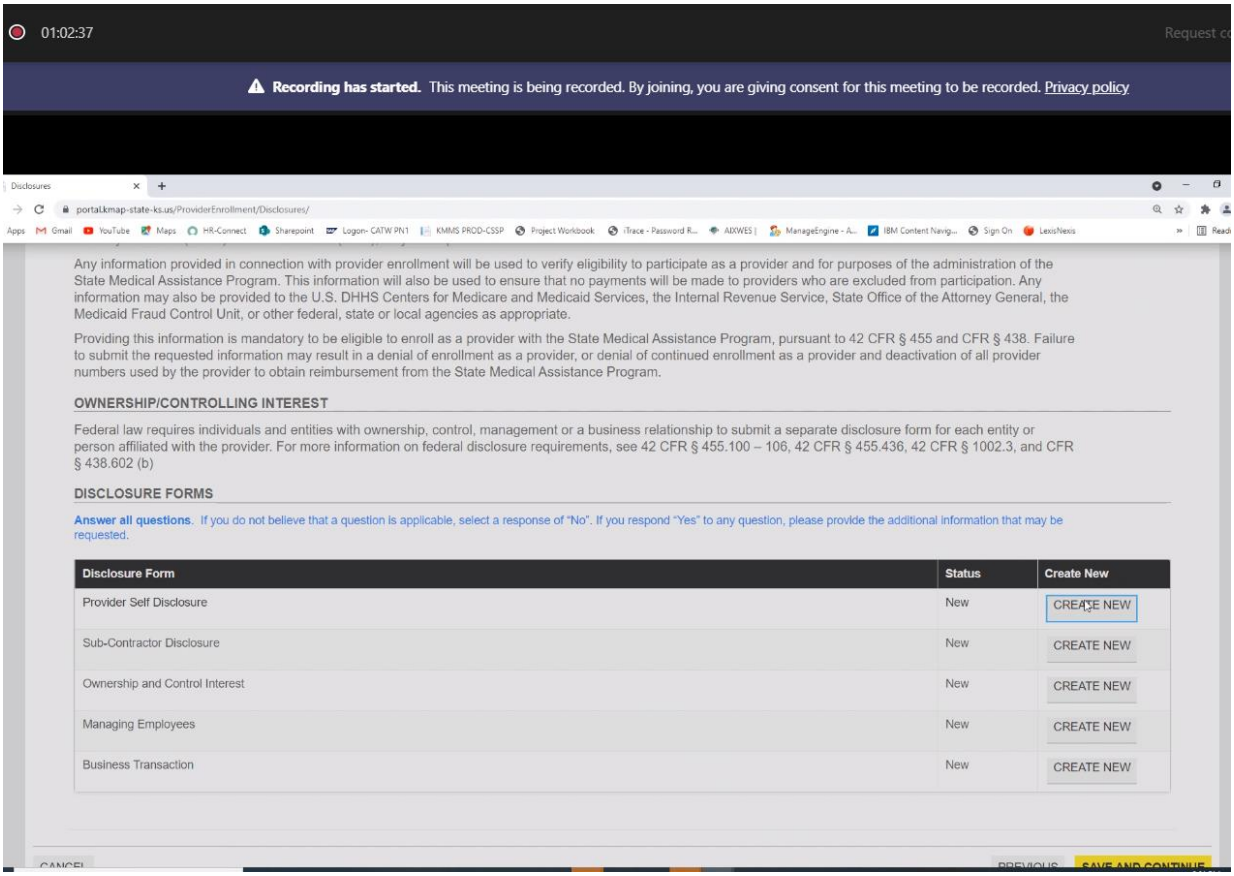
For psych hospitals only – only choose psych beds

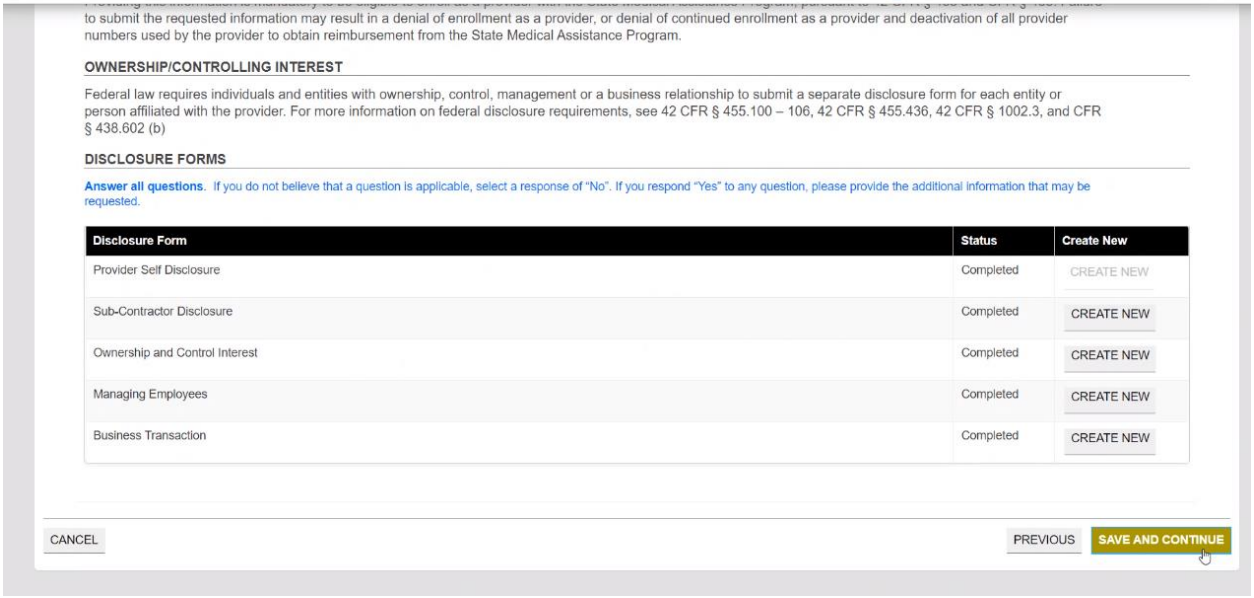


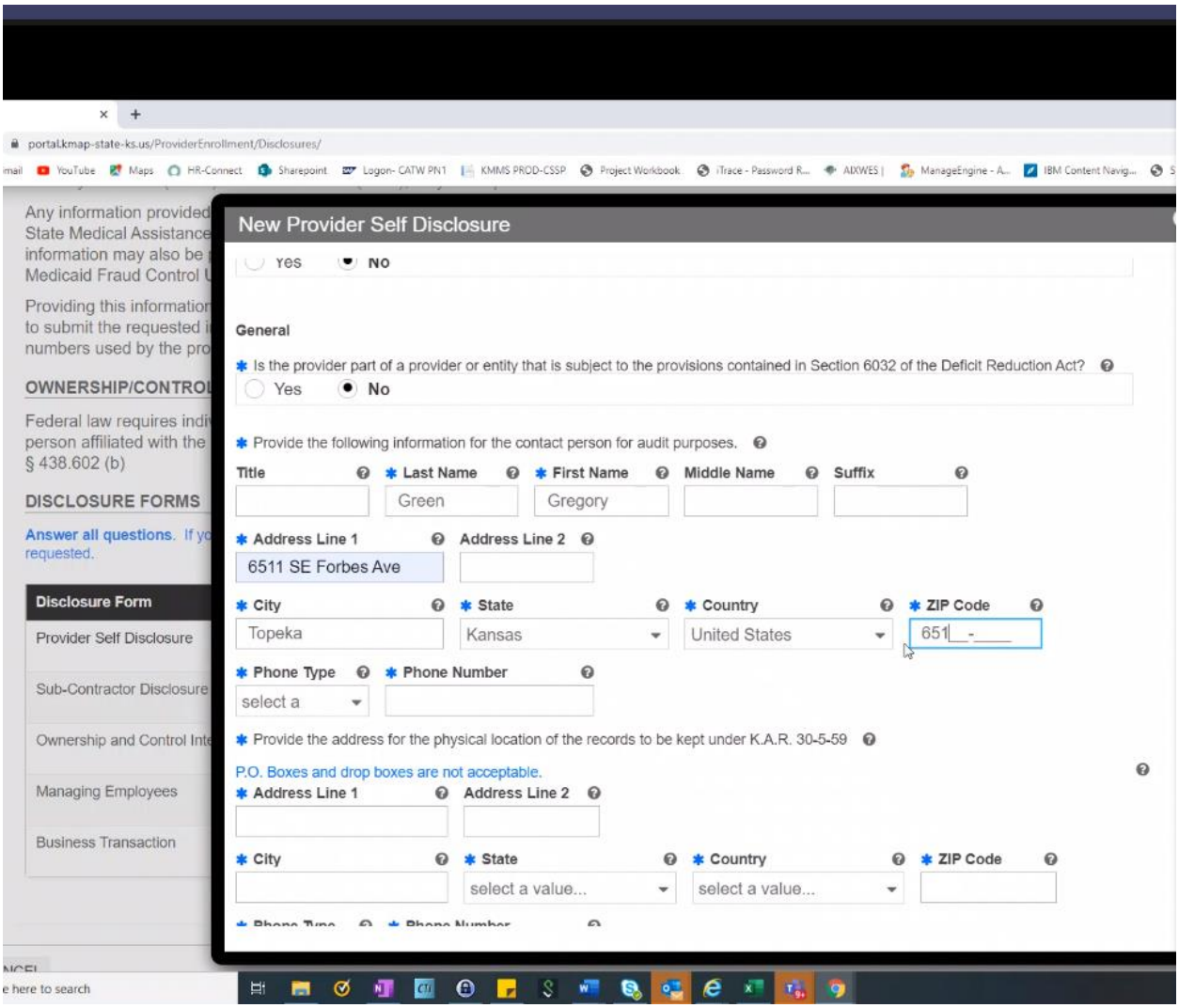
9 Languages, Certification, Additional info and malpractice information



10 Disclosures. Fill out each of the following by clicking Create NEW: Provider Self Disclosure; Sub-Contractor Disclosure; Ownership and Control Interest; Managing employees; Business Transaction

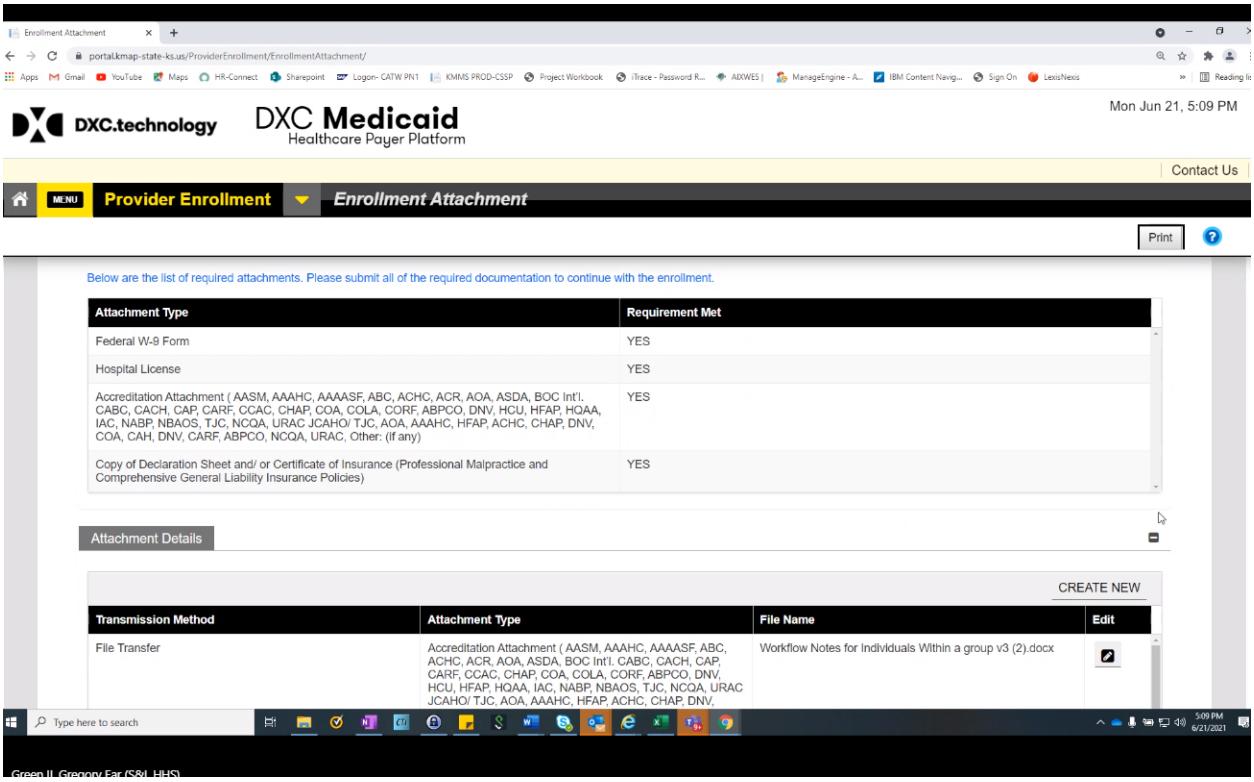



to submit the requested information may result in a denial of enrollment as a provider, or denial of continued enrollment as a provider and deactivation of all provider numbers used by the provider to obtain reimbursement from the State Medical Assistance Program.
OWNERSHIP/CONTROLLING INTEREST
Federal law requires individuals and entities with ownership, control, management or a business relationship to submit a separate disclosure form for each entity or person affiliated with the provider. For more information on federal disclosure requirements, see 42 CFR § 455.100 – 106, 42 CFR § 455.436, 42 CFR § 1002.3, and CFR § 438.602 (b)
DISCLOSURE FORMS
Answer all questions. If you do not believe that a question is applicable, select a response of "No". If you respond "Yes" to any question, please provide the additional information that may be requested.
Disclosure Form
Status
Create New
Provider Self Disclosure
Completed
CREATE NEW
Sub-Contractor Disclosure
Completed
CREATE NEW
Ownership and Control Interest
Completed
CREATE NEW
Managing Employees
Completed
CREATE NEW
Business Transaction
Completed
CREATE NEW
CANCEL
PREVIOUS
SAVE AND CONTINUE


portal.kmap-state-ks.us/ProviderEnrollment/Disclosures/
New Provider Self Disclosure
YES
NO
General
* Is the provider part of a provider or entity that is subject to the provisions contained in Section 6032 of the Deficit Reduction Act?
Yes
No
* Provide the following information for the contact person for audit purposes.
Title
* Last Name
Green
* First Name
Gregory
Middle Name
Suffix
* Address Line 1
6511 SE Forbes Ave
Address Line 2
* City
Topeka
* State
Kansas
* Country
United States
* ZIP Code
651__-____
* Phone Type
select a
* Phone Number
* Provide the address for the physical location of the records to be kept under K.A.R. 30-5-59
P.O. Boxes and drop boxes are not acceptable.
* Address Line 1
Address Line 2
* City
* State
select a value...
* Country
select a value...
* ZIP Code
Disclosure Form
Provider Self Disclosure
Sub-Contractor Disclosure
Ownership and Control Inte
Managing Employees
Business Transaction

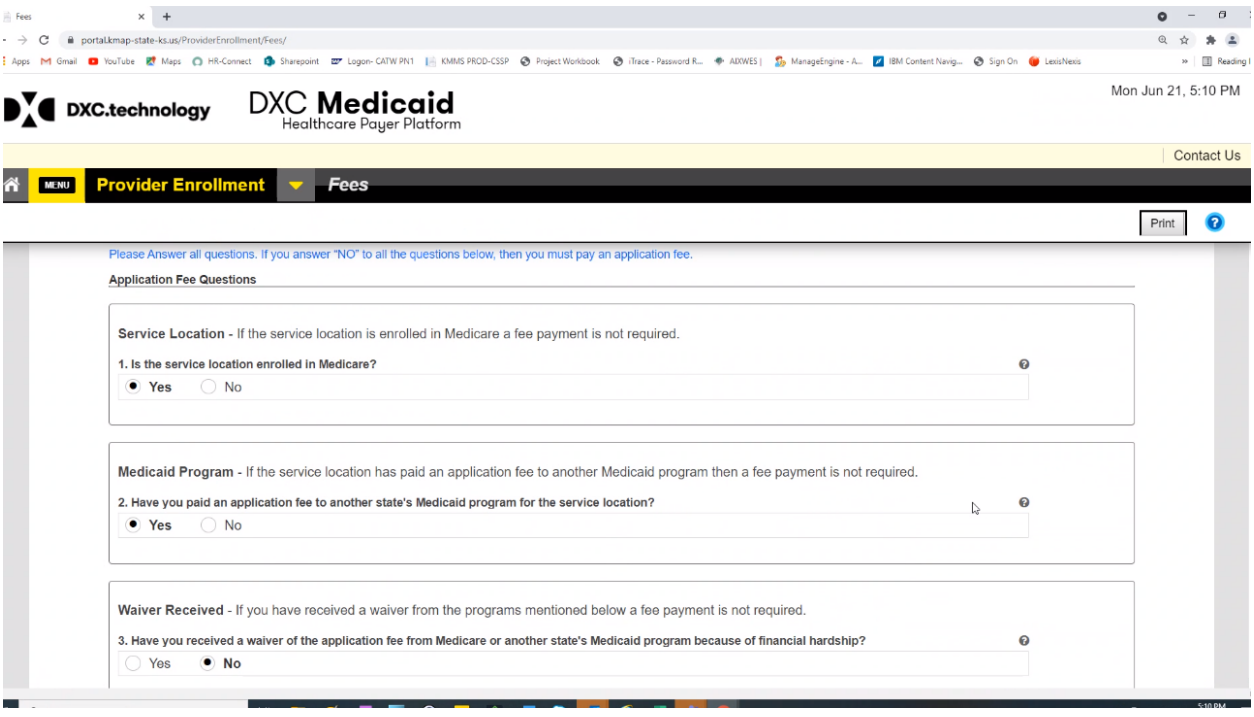
11 Attachments

Upload the documents by going to Details, Create New, transition Method, Attachment. Make sure all the Requirement Met box say: YES

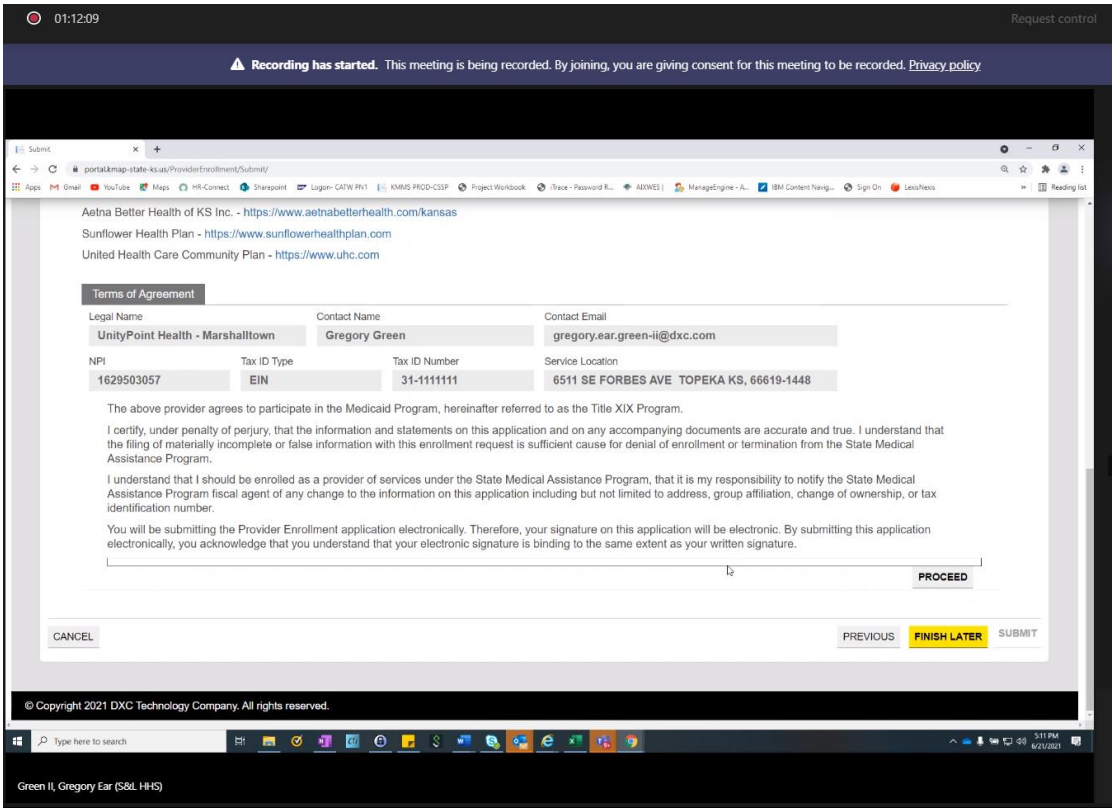


#12 Application Fees.

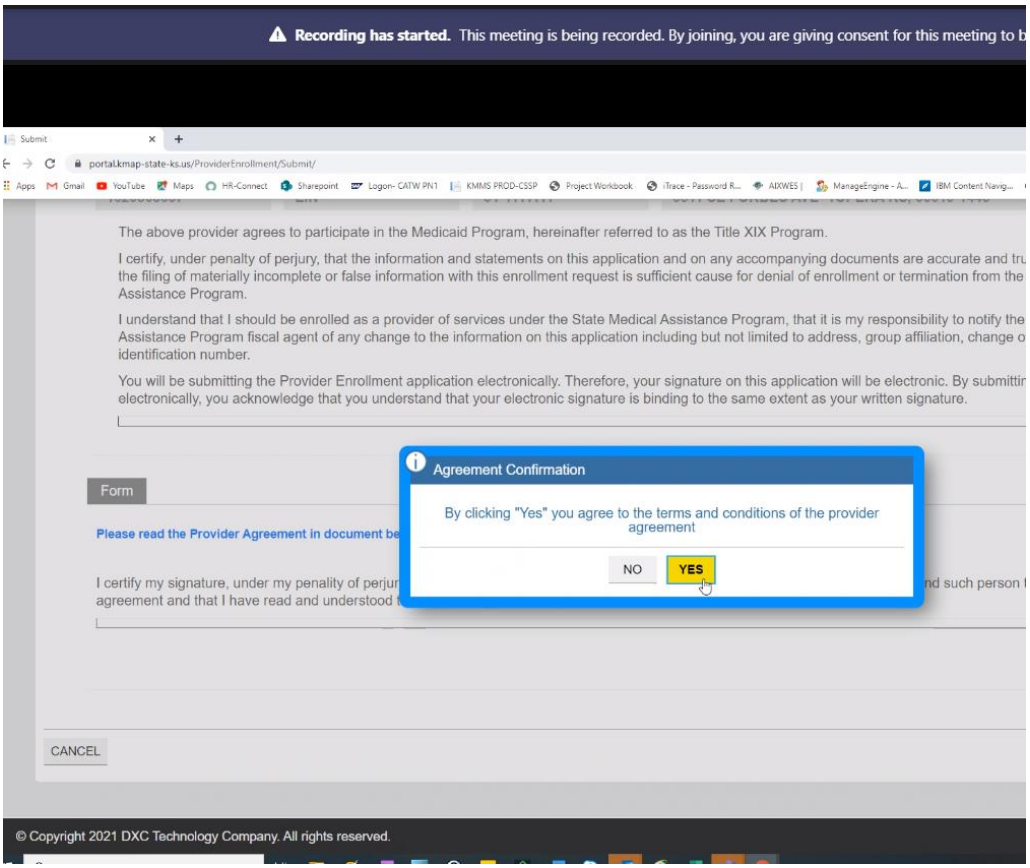
As of 6/22/2021 the fees are waved due to COVID, but fees are going back into effect.



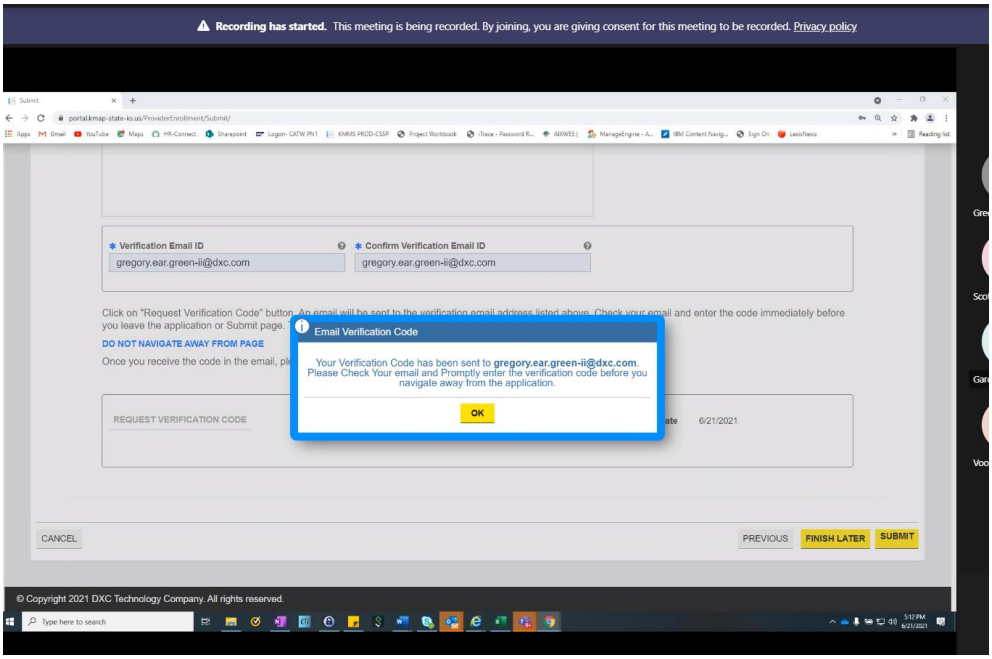
Click Proceed



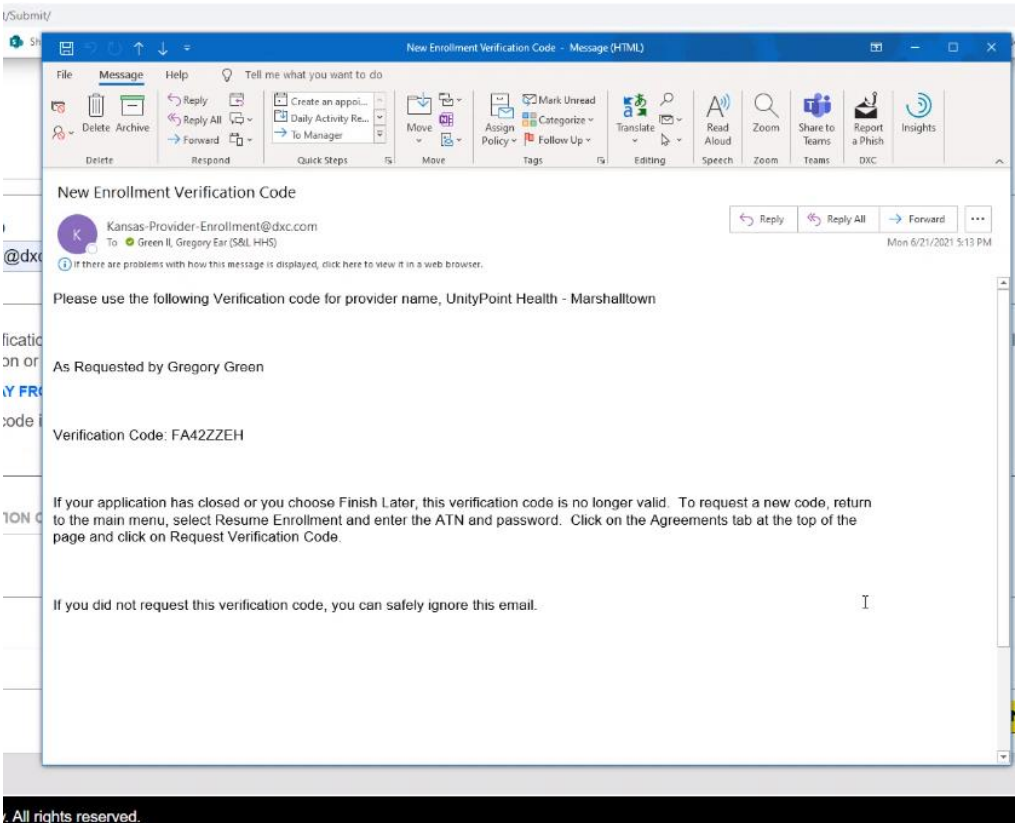
Click YES to agree



Accept, sign and Request Verification code



You will receive an email



Plug in the code form the email and Submit the application.

Congratulations! Your application has been submitted. Please let KDADS know that the application has been submitted, provide the MCOs that you have selected along with the application #s.

THANK YOU